

A History of the Mind and Mental Health in Classical Greek Medical Thought

Chiara Thumiger



VISIT...

LANZAROTE
Caliente.COM

A HISTORY OF THE MIND AND MENTAL HEALTH IN CLASSICAL GREEK MEDICAL THOUGHT

The Hippocratic texts and other contemporary medical sources have often been overlooked in discussions of ancient psychology. They have been considered to be more mechanical and less detailed than poetic and philosophical representations, but also than later medical texts such as those of Galen. This book does justice to these early medical accounts by demonstrating their richness and sophistication, their many connections with other contemporary cultural products, and the indebtedness of later medicine to their observations. In addition, it reads these sources not only as archaeological documents, but also in the light of methodological discussions that are fundamental to the histories of psychiatry and psychology. As a result of this approach, the book will be important for scholars of these disciplines as well as those of Greek literature and philosophy, and it strongly advocates the relevance of ancient ideas to modern debates.

CHIARA THUMIGER is a Wellcome Trust Medical Humanities Fellow in the Department of Classics and Ancient History at the University of Warwick and a Gastwissenschaftlerin in the Department of Classical Philology at the Humboldt-Universität zu Berlin. Her research focuses on ancient medical approaches to mental health in dialogue with literary sources and modern debates. She is the author of *Hidden Paths: Notions of Self, Tragic Characterization and Euripides' Bacchae* (2007) and co-editor of *Eros in Ancient Greece* (with C. Carey, N. Lowe and E. Sanders, 2013) and *Homo Patiens: Approaches to the Patient in the Ancient World* (with G. Petridou, 2015).

A HISTORY OF THE MIND AND MENTAL HEALTH IN CLASSICAL GREEK MEDICAL THOUGHT

CHIARA THUMIGER

University of Warwick



CAMBRIDGE
UNIVERSITY PRESS

CAMBRIDGE UNIVERSITY PRESS

University Printing House, Cambridge CB2 8BS, United Kingdom

One Liberty Plaza, 20th Floor, New York, NY 10006, USA

477 Williamstown Road, Port Melbourne, VIC 3207, Australia

4843/24, 2nd Floor, Ansari Road, Daryaganj, Delhi – 110002, India

79 Anson Road, #06-04/06, Singapore 079906

Cambridge University Press is part of the University of Cambridge.

It furthers the University's mission by disseminating knowledge in the pursuit of education, learning, and research at the highest international levels of excellence.

www.cambridge.org

Information on this title: www.cambridge.org/9781107176010

DOI: 10.1017/9781316809747

© Chiara Thumiger 2017

This publication is in copyright. Subject to statutory exception and to the provisions of relevant collective licensing agreements, no reproduction of any part may take place without the written permission of Cambridge University Press.

First published 2017

Printed in the United Kingdom by Clays, St Ives plc

A catalogue record for this publication is available from the British Library.

Library of Congress Cataloging-in-Publication Data

Names: Thumiger, Chiara, author.

Title: A history of the mind and mental health in classical Greek medical thought /

Chiara Thumiger. Description: Cambridge, United Kingdom;

New York, NY: Cambridge University Press, 2017. |

Includes bibliographical references and index.

Identifiers: LCCN 2017003092 | ISBN 9781107176010 (hardback: paper)

Subjects: | MESH: Mental Disorders – history | Psychophysiology – history |

Philosophy, Nursing – history | Greek World – history | Greece

Classification: LCC R138 | NLM WM 11 GG6 | DDC 610.938–dc23

LC record available at <https://lccn.loc.gov/2017003092>

ISBN 978-1-107-17601-0 Hardback

Cambridge University Press has no responsibility for the persistence or accuracy of URLs for external or third-party Internet websites referred to in this publication and does not guarantee that any content on such websites is, or will remain, accurate or appropriate.

Contents

<i>Acknowledgements</i>	<i>page vi</i>
Introduction	I
1 Mental Disorder and History: Methodological and General Issues	17
PART I THE BODY OF THE INSANE	67
2 The Body Perceived	71
3 The Vital Functions and Mental Life: Sleep, Food and Drink, Sex, Death	174
PART II THE MIND OF THE INSANE	273
4 Sensory Perception and Its Impairment	275
5 Personality and Personal Psychology: Emotions, Character, Reasoning	335
Conclusions	419
<i>Appendix: Dates and Dating</i>	423
<i>Texts and Translations Used</i>	425
<i>Bibliography</i>	433
<i>Index Rerum</i>	467
<i>Index Locorum</i>	479
<i>Index of Greek Words</i>	495

Acknowledgements

The list of people I would like to thank is very long. It has been a real privilege to carry out the research on this book in Berlin, in the group 'Philosophy of the Body, Medicine of the Mind' based in the Department of Classical Philology at the Humboldt University and led by Philip van der Eijk. Philip has been a fundamental presence in these years of study, both as academic and intellectual point of reference and from a human point of view. Without him this project would not have been possible, and for this and many other things I owe him a great debt of gratitude. All of the guests and visitors during these years have helped immensely with their feedback and advice, during presentations and seminars but also privately. I am grateful to every single person who has been part of these activities; in particular, I received precious comments from Hynek Bartoš, Wei Cheng, Sean Coughlin, Julien Devinant, Matyáš Havrda, Ricardo Julião, Stavros Kouloumentas, Orly Lewis, Roberto Lo Presti, Katharina Oikonomopoulou, Oliver Overwien, Georgia Petridou, Roberto Polito and Christine Salazar. Other colleagues have read part of my work and commented on it, or given me precious feedback on the occasion of paper presentations and in discussion: Lutz Graumann, William Harris, Manfred Horstmanshoff, Anna Maria Kanthak, Christian Laes, Daniela Manetti, Amneris Roselli and Heinrich Von Staden. Ivan Garofalo and Christina Savino helped me on issues relating to my sources' critical editions; Lorenzo Perilli and Gottfried Strohmeier have let me use parts of their unpublished editions of the Galenic glossary and of Galen's commentary on *Airs Waters Places* respectively; Maithe Hulskamp, Glenda McDonald and Amandine Poivre shared with me their important doctoral works on dreams and medicine, on *phrenitis* and on hunger respectively; Patricia A. Clark her rich PhD study on ancient madness, *Balance of the Mind*; and Laurence Totelin her scholarship on the senses in Hippocratic medicine. Markus Asper, Petros Bouras-Vallianatos, Mark Geller, Georgios Kazantzidis, David Konstan, Peter Singer and Piero Tassinari have all

offered me comments and ideas on my research, and helped on individual topics; Steven Colvin offered me advice on linguistic matters, and Bennett Simon discussed with me questions in modern psychology and its use as a tool to approach ancient cultures, giving me important insights. Roland Wittwer let me use the facilities at the Akademie der Wissenschaften (CMG) on various occasions and kindly helped me to obtain the editions I needed. Volker Hess, Glenn Most and Philip van der Eijk read an earlier version of this text as referees for my Habilitation, and offered important advice and criticism, which could only in part be incorporated into the final version of the manuscript; their comments have made me reformulate my thoughts and improve my arguments on the topic in important ways, and I will continue to benefit from them in my future work. I am sure I am missing someone – the stimulating conversations, comments and criticisms have been so many; I am aware of my luck and feel very grateful for each of them.

Various people helped me during the final stages of manuscript preparation, saving me from many typos, imprecisions and more serious mistakes – whatever remains of those is my own shortcoming. John Dillon checked the Greek quotes and references; Douglas Olson read the full manuscript and improved the English and style enormously, as well as saved me from many inaccuracies with the translations. The Hilfskräfte at the HU Department of Classical Philology and other competent readers helped on a variety of tasks, checking the Greek text and bibliographical references: I would like to thank wholeheartedly Giulia Ecce, Ricarda Gäbel, Katharina Heß, Annette Schmidt and Konstantin Schulz. Christoph Geiger designed the cover of the book, interpreting in the best way what I wanted to convey with his usual sensibility and talent.

I have received great help and assistance from Cambridge University Press; I am most grateful to Michael Sharp and to his colleagues, to Marianna Prizio as content manager for continuous support and advice on all sorts of matters, and especially to Kim Richardson for his thorough work on the text, and to Helen Flitton for the final revisions. I also wish to thank all three anonymous readers, who have commented on my work in depth and with such competence and detail, exposing its weaknesses and helping me highlight its strengths; they have been a very important part of the process.

Last but not least, I should acknowledge the material circumstances that made this publication possible: the Alexander von Humboldt Stiftung which financed the project generously, and the Wellcome Trust for support in the closing phases of manuscript preparation; the department of Classical Philology at the Humboldt-Universität zu Berlin for hosting me

and for support on various levels; Simon Swain and the Department of Classics at Warwick University, where I am affiliated as I write.

Finally, I am grateful to all my friends, many of whom I have mentioned already, and to my family – especially my parents, my sisters and their families, my aunt Lucia, Stella, Rodrigo and Bakunin for keeping me happy.

Introduction

This is a book about ideas, theories and observations regarding mental life in a specific time, the classical period (fifth and fourth centuries BCE) in Greece. I focus my attention on the medical sources (especially but not exclusively the so-called Hippocratic texts), placing them in dialogue with the testimony offered by literary texts from the same period, whether poetry or prose. My approach is thus interdisciplinary, as far as the more strictly delimited boundaries of ancient science are concerned. It is also anthropological, in the sense that I look at ideas about mental life as cultural–historical information that enriches our knowledge of ancient Greek life and thought as human phenomena; philological, in that it looks closely at the ancient texts, their wording, images and generic conventions; and theoretically engaged, insofar as it assesses ancient doctrines against the set of questions and problems that have become fundamental in the history of Western psychology, in order to highlight their impact on the origins of this history and the perspective they continue to contribute as a part of it.

The Status Quaestionis

Although my territory is mostly ancient medicine, several disciplines and areas of research are relevant to this project, and it will therefore be useful to briefly address them here. In this field more than others, the scholarly background and the reception of ancient ideas it embodies are themselves a central part of the story being told.

It is usually the case that any interpretation of ancient answers to key human problems necessarily reflects the precise cultural, intellectual and scientific standpoint from which we look at the past. In the case of mental life, the interpretation becomes itself a segment of this history: if a completely neutral reading remains a utopian goal, its impossibility in the field of historical psychology is declared and self-evident. An eighteenth-century

medical dissertation, any of Freud's psychoanalytical readings of the past, various forms of literary critique and anthropological analysis: all of these produce different versions of antiquity, different 'ancient psychologies', within which terms of discourse this research too was forced to take its initial steps.

I therefore begin by surveying the scholarly research produced on the topic of the mind and mental health in ancient culture in the last two hundred, and especially the last fifty, years. This can only be a brief sketch of the subject, its ramifications and contacts with other areas of research, paying more attention to items relevant to the present inquiry.¹

Earlier Approaches

In the nineteenth and twentieth centuries, various scholars devoted historical attention to the topic of 'madness', focusing specifically on medical pathology. These studies are generally characterised by considerable anachronism in the pathological categories they adopt and by a comprehensive approach, with all types of ancient texts considered as cumulative and largely undifferentiated evidence to be used to reconstruct ancient insanity. Literary genres of all kinds, evidence about religious practices, material culture and legal life converge in a single picture. This style of scholarship has obvious limitations, but some of these works contain valuable information never scrutinised again so carefully, and are praiseworthy in their interdisciplinary breadth. R. Nasse's dissertation on medicine, *De Insania Commentatio Secundum Libros Hippocraticos* (1829), is the only exception to this early trend, as he restricts his discussion to medical texts. The systematising effort in this work and its thoroughness are admirable at the same time that its limitations are obvious, as Nasse approaches the 'Hippocratici' as a composite body of theories, but fundamentally as a corpus to be read in search of consistent representations. In its explicitness, however, Nasse's book is an instructive display of early modern medical prejudices on psychiatric matters. A rigid taxonomic frame is forced onto the ancient material (*genera varia delirii*, 28; *genera varia insaniae*, 36; 43–4); description, prognosis, aetiology and cure are explored for each pathology; and so forth. J. H. Thome's *Historia Insanorum apud Graecos* (1830), also a *dissertatio medica*, casts the net wider to include mythological, literary and philosophical sources across a wide chronological span. In the same year,

¹ Other bibliographical surveys: Mattes (1970) 7–14; Stok (1996) 2284–8; Porter (2002) 219–33, on madness throughout Western history.

1830, J. B. Friedreich, also a medical student, published his *Versuch einer Literaturgeschichte der Pathologie und Therapie der Psychischen Krankheiten*, a monumental project stretching from biblical times to contemporary psychiatry. It is interesting that these earlier works are all authored by medical students, a fact that determines a peculiar (for us) use and analytical style in the approach to ancient sources of all kinds (poetic and mythographical) combined with medical theories, the latter posited as scientific truths, with both types of evidence integrated into a comprehensive discourse.² The reason for recalling these contributions to interdisciplinarity and anthropological breadth here (regardless of the shortcomings, naiveté and datedness that make these books of little practical use today) is that this approach still offers a model for scholars interested in historical psychiatry and ancient medicine, areas in which attention to the broader cultural milieu are of key importance, for fundamental contributions in the past two decades have tended to look at the medical evidence in isolation (for instance, Singer 1992, Gundert 2000). R. Semelaigne also wrote his *Études historiques sur l'aliénation mentale dans l'antiquité* (1869) as a medical doctor. Semelaigne divides the discussion chronologically into 'Hippocratic', 'Alexandrian' and 'Greco-Roman' periods, with the first subdivided into specific diseases (*phrenitis*, *mania*, *melancholia*, epilepsy and the respective treatments), while the second addresses what can be divined about Erasistratus' and Herophilus' doctrines regarding madness, and the third analyses medical figures from Asclepiades to Galen. At the same time, Semelaigne uses non-medical evidence to substantiate his analysis, and offers a chapter (Chapter 6) in which he analyses what is known of legal practices. In a similar spirit (but with much less success and inferior organisation) is F. Falk's *Studien über Irrenheilkunde der Alten* (1866, and also published by the *Allgemeine Zeitschrift für Psychiatrie*), a combination of medical and literary sources covering a wide span of time. J. Tamburnino's 1909 *De Antiquorum Daemonismo*, a far more literary minded and textual study of possession in the ancient world, which collects much useful material, belongs by contrast to the field of the history of religion.

² The approach to ancient sources as psychiatric case studies survives in the form of a curiosity and constitutes a genre of its own, somehow untouched by consideration of anthropological variables. To offer a few examples, 'Functional neuroanatomy in the pre-Hippocratic era: observations from the *Iliad* of Homer' (Sahlas 2001, based on the English translation of the epic text); 'Searching for schizophrenia in ancient Greek and Roman literature' (Evans et al. 2003, applying DSM-IV criteria to identify material related to schizophrenia in ancient texts); on PTSD in Homer, Shay's *Achilles in Vietnam: Combat Trauma and the Undoing of Character* (1994); on this topic, see the discussions in Crowley (2012, 2014) and the studies in Meineck and Konstan (2014).

In the first half of the twentieth century, new trends in humanistic quarters and a wave of interest in mental life led to publication of various titles on ancient insanity. Most of these remain miscellaneous in character; historical periods and provenience, genres and the nature of literary sources, myths and medical evidence are juxtaposed, although a separation of medical and literary sources does begin to emerge. A. C. Vaughan, a professor of Greek, in her *Madness in Greek Thought and Costume* (1919) programmatically avoids the medical evidence in order to concentrate instead on 'popular beliefs', religious and social facts, and legal aspects (covering a time span stretching from archaic Greece to late antiquity, conceived as synchronic space and often confusingly conflated).³ A. O'Brien Moore, another classicist, in her (longer and far richer) *Madness in Ancient Literature* (1922), also devotes a chapter to 'the reverberations of the medical conceptions in literature', although focusing otherwise solely on 'high literature' from Homer to Nonnus and Seneca. On the medical side, A. Souques, a neurologist at the psychiatric hospital of the Salpêtrière and renowned scientist, wrote his *Étapes de la neurologie dans l'antiquité grecque (d'Homère à Galien)* (1936) as a chronological history divided into 'phases', each dominated by a medical authority ('Hippocratic phase', 'Herophilean–Erasistratean phase' and so forth), with only marginal reference to non-literary authors. The most useful work from this period is the essay by the philologist J. B. Heiberg, 'Geisteskrankheiten im klassischen Altertum' (1927). Heiberg addresses historical, demographic and methodological questions, along with the general cultural and social context of poetic and other literary sources in addition to the medical material, with a rare (for that time) attention to Galen as well. This work (the chronological range of which, despite its title, extends into the late antique period) is especially valuable for its attention to philosophical development and the sense of irregular tradition and transmission it conveys, an important aspect absent from previous narratives, all of which suffer in various ways from a continuity fallacy.

In the second part of the twentieth century and the beginning of the twenty-first, this area of research, like all branches of ancient studies, has grown more diverse and specialised, with anthropology, cultural studies, historical psychology, philology, philosophy, history of religion and history of medicine each developing its own approach. Only in relatively recent times has an interdisciplinary trend prompted discussion at the edges of these various perspectives. In 1955, Drabkin published an important article

³ On legal matters, see also Diliberto (1984); Clark (1993) 25, 155–72 for various legal and political aspects.

in which he summed up the state of affairs regarding the history of mental health, offering guidelines for future projects that are still for the most part useful today and partially unfulfilled.⁴ Drabkin begins by highlighting the problem of the mind–body relationship in ancient Greek thought as a preliminary question that helps identify a number of significant topics: the location of the psychic faculty in ancient medicine; the inseparability of mind and body; the physiological nature of mental disease in ancient medicine; the problem of classification; the developments in ancient psychiatric ideas from Hippocratic times to Galen; the problem of retrospective diagnosis; the usefulness of an anthropological approach; the concepts of predisposition and of ‘psychic factors’ (what we would call ‘triggers’); age and sex, and constitutional factors or types; the role of physiognomics; treatment and the measures taken to protect the insane or guard against them; and legal aspects. Many of these had already been acknowledged in previous work on the topic. But Drabkin firmly points out, for the first time in a general discussion of mental disorder in the ancient world, the need to historicise mental phenomena and the texts that inform us about them.

Relevant research worthy of consideration in the second half of the twentieth century mostly moves along the lines Drabkin suggested, even if a general account of ancient psychopathology (which he hoped for) remains a desideratum and research has instead tended to focus on restricted periods and individual authors or themes.

More recent work can be divided (via a schematisation that is essentially a matter of convenience) as follows.

Comprehensive Cultural Studies of Mentalité Addressing Madness

An interest in irrationality and a revision of neoclassical ideals regarding the ancient world were distinctive traits of twentieth-century perceptions of the classics, expressed most suggestively and famously by Nietzsche’s *Birth of Tragedy*, written in 1872, whose message ignited a debate on the nature of classical antiquity during the first half of the twentieth century that continues today.⁵ This aspect of the reception of antiquity, if differently motivated, is consonant with a fundamental anthropological question that has contributed to shaping our area of study: whether a culture describes insanity purely as a ‘disorder’, a negative state, as contemporary

⁴ Drabkin (1955).

⁵ See Henrichs (1984), Nussbaum (1990).

Western culture tends to do (although with multiple distinctions within this definition), or whether it also attaches constructive social practices or positive statuses,⁶ such as religious cults or other privileged activities and forms, to insanity. Enormously influential in placing ‘the irrational’ within Greek culture was *The Greeks and the Irrational* (1951), in which Dodds discussed the topic of madness both as social datum and as personal experience. Since Dodds’s work, religious studies and anthropology have discussed altered ancient states of mind as expressions of religiosity, and biomedical experiences of trance or altered consciousness as cultural phenomena. The cultural aspect gained attention in Western society from the 1960s onwards, in parallel to studies of shamanism and esoteric topics (sometimes fading into autobiography: famously and controversially C. Castaneda’s recordings of his supposed experiences with the Yaqui Indian sorcerer Don Juan: 1968, 1971, 1972). With reference to the ancient world, relevant themes here are divine frenzy, possession and its poetic and prophetic powers (found most famously in Plato, but also partly traditional), and reports of collective and individual experiences of possession or telestic–initiatory alteration. This part of the story will not be addressed in the present study, although the reader is directed (after Tamburnino’s 1909 dissertation) to the classic Delatte (1934); W. D. Smith (1965), with an important challenge to received ideas on ancient possession; Guidorizzi (2010), with an informative miscellaneous narrative about ancient experiences of possession; and Ustinova’s extensive work (2009, 2011).

The publications of Foucault’s opus (with a first issue in 1964, under the title *Folie et déraison: histoire de la folie à l’âge classique*, followed by a second edition in 1972), translated into English as *History of Madness*, marked a shift in the history of the discipline, or rather initiated a discussion with which everyone in the field felt obliged to measure his or her own work, at least until very recent times. The claim that madness is socially constructed, contingent on historically shifting models of ‘reason’, and instrumental to relationships of power and issues of social marginalisation and exclusion, is central to Foucault’s reading and posits a shift at the beginning of what he calls the ‘classical age’ of European history, the sixteenth century. On Foucault’s interpretation, before this point the history of madness stands in dialogue with that of reason and is free to speak its

⁶ On which see Guidorizzi (2010) on the anthropology of madness. Guidorizzi applies a comparative methodology and focuses *inter alia* on social functionalism, without engaging with the textual features of the texts he uses, which differ in terms of discourse and genre.

values and truth, only then to be replaced by the isolation and deprivation of meaning inflicted on the 'mad', as described in the symbolic case study of Pierre Rivière (1973). In clinical environments, the spirit of Foucault's critique found echoes in a general 'anti-psychiatric movement' that began with the works of psychiatrists such as R. Laing in England (see, e.g., Laing 1959/60) and most famously T. Szasz (*The Myth of Mental Illness*, 1961; *The Manufacture of Madness*, 1970) in the United States.⁷ These thinkers began to question the validity and legitimacy of psychiatric diagnosis itself, to say nothing of psychiatric institutional confinement.⁸ There was much potential for extremism and dilettantism in these attitudes and especially in their legacies. Porter's comments on this debate are conclusive: in his 1987 *A Social History of Madness: Stories of the Insane* (itself with important theoretical reflections and a vivid commitment to the need to follow, as far as possible, the voices of patients when drafting a history of insanity), he definitively demystifies the 'romantic primitivism' of a view that underplays the very real suffering and loneliness of the insane by turning it into a matter of power struggle, exclusion and dominance of particular cultural patterns.⁹

If we look at socio-historical studies in the field, among general cultural surveys of madness, that of Leibbrand and Wettley (a psychiatrist and an historian of medicine, respectively) offers a monumental history from antiquity to modern psychoanalysis in *Der Wahnsinn: Geschichte der*

⁷ For a survey of the American movement within this critique starting as early as the 1950s, see Scull (2011) 83–124; Richert (2014).

⁸ See Porter (2002) 207–12 on this topic; Scull (2011) 89–97. Porter quotes the popular film *One Flew over the Cuckoo's Nest* (1975) as exemplary of the cultural wave of scepticism and distrust towards psychiatry, and discusses the politics and ideology of this movement in the 1960s and 1970s. It is in this context that the famous 'Rosenhan experiment' took place. The experiment, conducted by Szasz and his psychiatrist colleague D. Rosenhan and reported in the 1973 issue of *Science*, consisted of having eight 'pseudopatients' fake a fixed set of hallucinatory symptoms for a short period of time to gain admission to twelve psychiatric hospitals in five different American states. The fake patients were admitted and hospitalised. Subsequently, they all claimed to feel entirely recovered. Nonetheless, in every case they were forced to admit that they were suffering from a mental illness and to take antipsychotic drugs. Most were diagnosed with schizophrenia and did not manage to gain release from the institutions without external intervention. Fascination with the undeniable plasticity, relativity and dangers of diagnoses of insanity was in the Western imagination long before Foucault. As Fontaine (2013) observes, in his *Menaechmi* (and its unknown Greek model) Plautus presents a wonderful dramatisation of how little it takes to be diagnosed as mad under the right circumstances. Nor is there any way to improve on how Chekov's wonderful *Ward Number Six* describes the swift process that can turn a psychiatrist into a psychiatric patient.

⁹ Porter (1987) 14; see 14–18 for the entire discussion. Kleinman (1991) 128–9 offers similar warnings, discussing the homologous 'dangerously romantic reverse ethnocentrism of wild anthropology', which discounts all biomedical psychiatric practice in marginalised communities as forms of cultural oppression; see also 184 on 'antipsychiatry'; Wakefield (1992a) 374–5 on 'the myth of the myth of the mental disorder'.

abenländischen Psychopathologie (1960). The portion of the book treating the ancient world deals mostly with medical sources and offers a synchronically merged account of ancient ‘psychopathology’. Clark’s 1993 doctoral dissertation *The Balance of the Mind* focuses instead on antiquity; the work is a unique resource for its thorough survey of prose sources, adopting a sociological and ‘factual’ perspective, and is the most exhaustive and methodologically sound catalogue of instances of mental disorder as represented and perceived in ancient sources available, although it unfortunately remains unpublished. More recently, global accounts of insanity have adopted an historicising and anthropological outlook, but have also exercised caution about these deconstructionist attitudes. An exemplary attention to theoretical issues while discussing medical, literary and philosophical representations of mental disorder in antiquity can be found in the collection on *Mental Disorders in the Classical World* (2013a) edited by W. V. Harris, which is characterised by broad theoretical and historical perspectives.

The Emotions

Another independent, expanding field of research within cultural studies is the study of ancient emotions, in dialogue with the growth experienced by the study of the ‘passions’ in Western philosophy and of emotional life in psychological quarters. The emotions are an important part of the mental sphere and of mental disturbance, with shifting boundaries in modern as much as in ancient cultures. Beginning most notably with Konstan’s monograph *The Emotions of the Ancient Greeks: Studies in Aristotle and Classical Literature* (2006), a number of studies and research groups have worked to reconstruct ancient emotions through a variety of sources (literary, epigraphical, visual), attempting to define the universal characteristics of the emotions and/or their culture-specific features, their relationships to agency and cognition, and their mode of expression in texts. The expansion of this field of research to include medicine is earnestly to be hoped for.¹⁰

¹⁰ Chaniotis and his research group have made fundamental contributions to this development in recent years: Chaniotis (2011, 2012, 2013), Chaniotis and Ducrey (2013). For theoretical discussions as well as historical analysis, see also the essays in Harbsmeier and Möckel (2009); Braund and Most (2003; especially Hanson and Harris) and Harris (2003, 2004) on anger; Sanders et al. (2013) on eros; Sanders (2014) on envy and jealousy. On medical emotions specifically, see Horstmanshoff (1999b) on Caelius Aurelianus; Thumiger (2016b) on fear and hope in classical medicine; King (2013) on grief in Galen; Kazantzidis (in press b) on the emotions in the Hippocratic texts.

Literary Approaches

One entire strand of scholarship has dealt with madness in its literary representations in various genres, even suggesting an alleged congeniality of mental disturbance with literature and creativity, its 'artistic' quality: imagery, terminological and stylistic facts are its expressive means, even a sort of 'aura' which is seen to pervade texts in different ways. These approaches and the results they yield vary immensely, but they have in common a focus on the artistic, creative expression of the experience of insanity.

In 1970, J. Mattes published *Der Wahnsinn im griechischen Mythos und in der Dichtung bis zum Drama des fünften Jahrhunderts*, which stands out as a literary study of enormous clarity and encyclopedic thoroughness, the best review available of mythological and poetic motifs related to insanity in the ancient world. The other classics (both far more philosophically engaged) are R. Padel's studies of the language of the mind in the Greek world, with special reference to tragedy: *In and Out of the Mind* (1992) and *Whom Gods Destroy* (1995). These remain central contribution to the study of the language and idiom of mental life and have much to offer to the understanding of medical texts as well, with a focus on madness as exogenous and passively undergone by the subject.¹¹ Other works have attempted broad narratives of insanity in literature (sometimes at the risk of sacrificing the diversity of their material to a desire for a consequential story): A. Thiher's 2004 *Revels in Madness: Insanity in Medicine and Literature*, and more convincingly along partly similar lines Toohey's 2004 *Melancholy, Love, and Time: Boundaries of the Self in Ancient Literature*. M. Ciani (*Psicosi e creatività nella scienza antica*, 1983) discusses ancient medicine and science, but with a fundamentally ahistorical, literary and poetic approach. Others have concentrated on the role that a concept of madness plays in specific genres and/or historical contexts, such as D. Hershkowitz in her important *The Madness of Epic* (1998), and Beta (1999) on tragedy and comedy. A last example is L. Fratantuono's interpretation of central chapters of Latin literary history in terms of the relationship they bear to madness (2007, 2011, 2012). Some (not all) of these works respond to a concept of insanity that is transhistorical, non-medical and perhaps vaguely romanticised along lines that

¹¹ On tragedy and madness, with a valuable assessment of Padel's contribution, see Gill (1996a). On tragedy, see also the sections on *folia* in Guardasole (2000); Holmes (2008); Holmes (2010) 228–74 on Euripides; Vernant and Vidal-Naquet (1986/1990), esp. 204, 403–9; Pigeaud (1981/2006) 373–439; Williams (1993).

are partly post-Platonic, partly Foucaultian in inspiration. As such, this insanity has little to do with the experienced madness of ancient human beings, but becomes a category of hermeneutics of reception. Finally, mention must be made of the special role the ancient world for its part has played in the development of the study of the mind in the twentieth century, especially in the case of psychoanalysis and its history. As epitomised by his 1936/1972 'A disturbance of memory on the Acropolis', the relationship of Western man to his Greek past was at the centre of Freud's reflection on the mind, the self and psychological life. In the role played by ancient myth in the elaboration of key Freudian concepts (famously but not exclusively in the Oedipal conflict), in Jung's interest in and use of mythological figures as archetypal to the human psyche, and in Lacan's reading of ancient myths and even texts (e.g. his elaboration on Antigone in *L'éthique de la psychanalyse*, 1986/1997), the classical past has provided a kind of psychological matrix for the study of human mental life. While the mutual commerce between the ancient world and psychoanalytical approaches was already implicit in B. Simon's *Mind and Madness in Ancient Greece* (1978), these topics have been explored more recently, and critically, by R. Bowlby, *Freudian Mythologies* (2007); R. H. Armstrong, *A Compulsion for Antiquity: Freud and the Ancient World* (2006); and in two edited collections, Zajko and O'Gorman (2013) on psychoanalytical reception of ancient myth, literature and philosophy, and, from a Jungian perspective, Rutter and Singer's (2015) *Ancient Greece, Modern Psyche: Archetypes Evolving*.

Historical Psychoanalysis

It is thus unsurprising that Freudian psychoanalysis was an important stimulus for interest in ancient mental life, with B. Simon's 1978 *Mind and Madness* being the earliest comprehensive example of a psychoanalytical study of Greco-Roman culture. At the height of this trend, notable psychoanalytical readers offered interpretations of ancient myths (e.g. Caldwell's *The Origin of the Gods: A Psychoanalytic Study of Greek Theogonic Myth*, 1989) or plays, in both cases following the guidelines of Freudian theory or other schools of thought (Devereux 1970a, 1970b, 1976 on tragedy, Sappho and dreams in Greek sources, respectively; Sale's studies of Euripidean tragedy, 1972, 1977). Although this is an important chapter in the history of the discipline, many of these efforts are now of more interest for the cultural attitudes they reflect than for their insights into the ancient material. This is not to deny that Freudian readings may

sometimes illuminate, if only by intuition, a passage or an effect of the psychology of a text that would otherwise remain uncovered. Today, however, we are obliged to attempt a more rigorous scrutiny of the relationship between what can be taken as universally human in our mental life and suffering; social and cultural constructedness; and the weight of the anachronistic gaze of the contemporary reader, regardless of what school he or she belongs to. A valuable critique of the extremes of psychoanalytical approaches has already been offered by Padel,¹² and more decisively by Gill in his discussion ‘Ancient psychotherapy’.¹³

Studies of Insanity in Ancient Medical Sources

The development and expansion of ancient medicine has also inspired a narrower focus on medical ideas regarding the mental sphere. Apart from *La maladie de l'âme* (1981/2006), a study that addresses the philosophical and literary parallels to medical views of mental suffering, J. Pigeaud in 1987 published *Folie et cures de la folie chez les médecins de l'antiquité gréco-romaine: la manie*, which focuses on medical authorities from the Hippocratics to Caelius Aurelianus (but excluding Galen);¹⁴ Di Benedetto's 1986 *Il medico e la malattia* has an important chapter on ‘i disturbi psichici’; and a broader cultural approach was taken by D. and M. Gourevitch in their many contributions from the 1980s and 1990s to the field of ancient mental disorders, bringing together the history of medicine and cultural analysis.

More recently, two accounts stand out, with reference to Hippocratic medicine especially: Singer's ‘Some Hippocratic mind–body problems’ (1992) and Gundert's ‘Soma and psyche in Hippocratic medicine’ (2000), both detailed discussions of our texts *vis-à-vis* mental life and the mind–body problem. Stok's 1996 ‘Follia e malattie mentali nella medicina dell'età Romana’ is a lengthy account of medical approaches to madness relevant to the Roman world, with much discussion of Hippocratic medicine and analysis of non-medical authors. On the theoretical and methodological side, Wittern's 1991 general survey of this area of study, ‘Die psychische Erkrankung in der klassischen Antike’, notes important turning points in the medical approach to mental illness by comparison

¹² Padel (1995) 221–37, esp. 229–37.

¹³ Gill (1985).

¹⁴ See also, with a more narrative style, Pigeaud (2008) on *melancholia*, with various contributions to aspects of and texts regarding mental disorder in ancient medicine.

with the otherwise dominant ‘tragic model’. By comparison, less scholarly attention has been devoted to later authors, although for Galen we have Godderis’s *Galenos von Pergamon over psychische stoornissen* (1988) and Dols’s introduction to ‘Galen and mental illness’ in his study of insanity in medieval Islam (1992). This is a fast-developing area, however, as is shown by the essays in Harris (2013a), the observations on mental disorders and philosophy in Ahonen’s *Mental Disorders in Ancient Philosophy* (2014) and other ongoing projects. Finally, a unique place is occupied by Matentzoglou’s 2011 study *Zur Psychopathologie in den hippokratischen Schriften*. This is the work of a psychiatrist (but with great sensitivity to historical problems, and commendable caution regarding the dangers of retrospective diagnosis) which surveys the disturbances described in the Hippocratic texts on the basis of analogy with recognisable current psychiatric disorders. A similar project, with a more strongly anachronistic frame, is Walshe’s *Neurological Concepts in Ancient Greek Medicine* (2016), an exploration of ancient ideas about the brain and the nervous system, with our definitions, extracted from Homer and Hippocratic literature.

If the above are the most relevant comprehensive works in this area, many studies on individual syndromes or experiences interpreted as mental have been published: O. Temkin’s *The Falling Sickness* remains a basic reference for the history of epilepsy (1945), H. King’s work on hysterical suffocation and the history of *hysteria* (in her *Hippocrates’ Woman*, 1998, and *The Disease of Virgins*, 2004) is similarly important, and we also have major studies of *phrenitis* (MacDonald’s 2009 thesis ‘Concepts and treatments of phrenitis in ancient medicine’; Byl and Szafran’s 1996 ‘La phrenitis dans le *Corpus Hippocratique*’) and of *melancholia* and the melancholic (Müri 1971; Flashar 1966; Klibansky, Panofsky and Saxl 1964/1990; Jouanna 2007/2012c). P. van der Eijk has made significant contributions in this area, with notable work on the history of *melancholia* (2005), the curability of mental disorders (2013) and Hippocratic representations of the soul (2011). Studies of individual phenomena connected with mental activity are also relevant here, for example dreams and hallucinations (Pigeaud 1983; Renberg 2003; Harris 2009; Hulskamp 2008, 2013; Oberhelman’s collection 2013; Guidorizzi 2013; Harris 2013a). These are only a few of the recent contributions to wider topics having to do with mental life, but they offer a sense of the diversity of the discipline at present. Too many contributions have been produced on *mania*, for example, and on individual signs or patient cases of psychiatric complaint to allow a meaningful survey to be offered here.

Disability Studies

There are also points of contact with neighbouring disciplines. The field of disability studies, first of all, has much in common methodologically and theoretically with the present research. A great deal has happened in this area recently, after Garland's 1995/2010 *The Eye of the Beholder: Deformity and Disability in the Graeco-Roman World*, followed by Rose's *The Staff of Oedipus* (2003). These books focused largely on physical impairment, excluding psychiatric and cognitive disorders (although several impairments they considered, such as hearing and seeing disabilities, are treated in the current book). More recent collections make many specific observations regarding mental health; these include Kellenberger, *Der Schutz der Einfältigen: Menschen mit einer geistigen Behinderung in der Bibel und in weiteren Quellen* (2011) and Kellenberger (2013); Breitwieser, *Disability and Impairment in Antiquity* (2012); and especially Laes et al. (2013), *Disabilities in Roman Antiquity: Disparate Bodies a Capite ad Calcem*, several papers which discuss mental disability, and Laes (2016a), *Disability in Antiquity*. With an exclusive focus on mental aspects, C. F. Goodey's *History of Intelligence* (2011) poses an important methodological challenge to notions of cognitive 'normality' and 'impairment' as objects of historical inquiry. Disability is defined by the World Health Organization as 'an umbrella term, covering impairments, activity limitations, and participation restrictions'.¹⁵ This definition overlaps only in part with the topic of this study, as it excludes contextual and episodic mental suffering, while including strictly physical impairment. It is nonetheless clear that the concept and its historicity touch on more or less the same problems as the present discussion of mental health.

History of Self and History of Mind

Another area of study that must be taken into account is the history of the concept of 'self' in ancient thought and modern philosophical discussion. This is a huge and somewhat self-contained area of scholarship, but important contributions have been made in the last few decades in reaction to

¹⁵ The quote continues: '... an *impairment* is a problem in body function or structure; an *activity limitation* is a difficulty encountered by an individual in executing a task or action; while a *participation restriction* is a problem experienced by an individual in involvement in life situations. Disability is thus not just a health problem. It is a complex phenomenon, reflecting the interaction between features of a person's body and features of the society in which he or she lives' (retrieved 22 April 2016).

Snell's 1946/1960 classic *Die Entdeckung des Geistes*,¹⁶ which explicitly argues for a dialogue between the philosophical tradition and other evidence, with relevance to our studies. Notable examples are Gill in his *Personality in Greek Epic, Tragedy and Philosophy* (1996a), followed by *The Structured Self in Hellenistic and Roman Thought* (2006); R. Sorabji's 2006 *Self: Ancient and Modern Insights about Individuality, Life and Death*; Lloyd's chapter on anthropological shifts in ideas of selfhood in his 2007 *Cognitive Variations*; and the essays in Remes and Sihvola (2008). For a broad-ranging introduction, see Martin and Barresi (2006). Self and mind are not coterminous, at least not for every thinker. Contemporary contributors are increasingly willing to place the body at the centre of notions of identity, as notably and persuasively Sorabji with his advocacy of an 'embodied self'. Self-awareness and subjectivity are increasingly seen as but a fraction of the mental life of the individual, which may be understood as partially or even largely external and objective or unconscious.¹⁷ Many of the issues and terms in this area are clearly relevant to a discussion of mental life. Some of this larger philosophical debate concerns the history or archaeology of the idea of mind as the seat of cognitive–spiritual faculties. As we shall see, the history of mental disorder and the history of the mind–psyche are separate threads that meet only later in Greek thought, so that a focus on 'mind' or 'psyche' and its functions and activities restricts the field of inquiry, with great disadvantage to the embodied or externalised manifestations of the mental (as in several of the nineteenth- and early twentieth-century accounts mentioned above). Nonetheless, the history of the mind in its various poetic, linguistic and theoretical presentations,¹⁸ and the history of the psyche as a religious, metaphysical and philosophical concept, cannot be ignored (there is no possibility of summarising everything from Rohde's 1890–4 classic to the vast scholarship on ancient philosophy, religion and material culture, and little to be gained by attempting to do so; see the essays in Wright and Potter's *Psyche and Soma*, 2000, King's *Common to Body and Soul*, 2008, and Frede and Reis's *Body and Soul in Ancient Philosophy*, 2009).

¹⁶ This important work is most famously quoted for its claims regarding a 'discovery of the mind' in the lyric poets and the 'absence' from the Homeric poems of a free-standing concept of a living human body. These ideas have remained standard for a long time (see e.g. Moss (1967) 710–11 for a light-hearted evolutionism in this sense; most extensively Adkins 1970). For criticism, see Renehan (1981), Williams on ethical topics, discussing 'progressivism' (1993), and most extensively Gill (1996a) 29–41. For a re-evaluation of Snell's insights, Holmes (2010) 5–9.

¹⁷ See Lakoff and Johnson (1999) 4–7.

¹⁸ See Onians (1951), especially 13–92 on images of the mind and body; Sullivan's various reviews of vocabulary (1995, 1997, 1999, 2000); Padel (1992) on representation of the mind as porous and composite (especially in tragic vocabulary, but quite relevant to fifth-century Greek thought in general); Pelliccia (1995) on idioms of selfhood and mind in Homer and Pindar.

Cognitive Studies

The last trend that should be mentioned has played a special role in shaping this inquiry, adding methodological and theoretical structure to some aspects of the research: the new and increasingly vital field of ‘cognitive classics’, or the application of the questions and methodologies of cognitive psychology (or psychologies, one should say, given the fragmentation of this discipline) in an attempt to improve our understanding of ancient sources. One cannot be too emphatic in underlining the fast-developing and necessarily provisional, even tentative, character of many conclusions in this field, and the differentiations into competing or contrasting schools. No official ‘cognitive psychology’ of reference exists, but only a complex of theories, experiments and discoveries that are being continuously updated and challenged. To simplify as much as possible, the current dominant trend, ‘embodied cognitivism’, places the functioning of the human mind in close interrelation with our existence as embodied creatures. As such, embodied cognition locates itself as an advance upon, but not necessarily in complete opposition to, earlier versions of cognitivism.¹⁹ Such an approach to human mental life can be seen as part of a ‘philosophy of the body’ that runs through twentieth-century philosophical thought from Heidegger’s philosophy of Being to Merleau-Ponty’s phenomenology,²⁰ and that has played an important role in shaping current embodied cognitivism.

The endorsement of cognitivism is of great importance for another reason as well (regardless of which version one supports), the fact that it touches on a core question in comparative and historical cultural studies, the existence of *universalia* as far as the human mind is concerned, and the relationship of these to the particulars of every individual mind or every society’s social constructs regarding the mental.²¹ Thus, trends have emerged within ancient studies in ‘cognitive theology’ (J. L. Barrett’s *Cognitive Science, Religion and Theology: From Human Minds to Divine Minds*, 2011), ‘cognitive archaeology’ (the recent volume edited by R. Treuil, *L’archéologie*

¹⁹ See Anderson (2003) for an excellent ‘field guide’; Shapiro (2011) for a more detailed exposition and bibliographical references.

²⁰ See Böhme (2009) 155–6 on ‘phenomenology and the study of emotions’. Fuchs and Schlimme (2009) offer a phenomenological perspective on embodiment and psychopathology as a profitable way to overcome dualist concepts of the mind, while Matthews (2004) engages directly with the usefulness of applying Merleau-Ponty’s idea of ‘body subject’ to an understanding of mental disorder as a deviant way of ‘being in the world’; Anderson (2003) 103–5 on Heidegger, Merleau-Ponty and Lakoff and Johnson (1980, 1999); Colombetti (2013) xiii–xviii for an updated introduction.

²¹ See Pinker (2002) for a general ‘manifesto’; Shapiro (2011) for an introduction to traditional cognitive science and current developments; Treuil (2011) for an application to historical studies. Lloyd (2007) discusses important related topics and methodological issues; see especially the introduction.

cognitive: techniques, modes de communication, mentalité, 2011), and cognitive approaches to visual experiences such as theatre (e.g. Chaston, *Tragic Props and Cognitive Function: Aspects of the Function of Images in Thinking*, 2009, or Meineck's study on the neurology of the tragic mask, 2011), figurative art (Catoni, *La comunicazione non verbale nella Grecia antica*, 2008) and human responses to literature (on which, see the remarks of Budelmann 2010). Essential to this discussion in its methodological implications and limitations are Lloyd's two recent contributions (*Cognitive Variations: Reflections on the Unity and Diversity of the Human Mind*, 2007, and *Being, Humanity, and Understanding: Studies in Ancient and Modern Societies*, 2012). As I write, several research cooperations are attempting to develop and further define how cognitive embodiment and theories of distributed cognition can help make sense of ancient texts and modes of expression.

Mental Disorder and History *Methodological and General Issues*

This project began as an account of insanity in the medical ideas of the period to which most of the so-called ‘Hippocratic texts’ belong, the fifth and early fourth centuries BCE.¹ The aim was to offer an assessment of classical medical ideas about insanity and their contacts and interactions with non-medical literature. As the research progressed, however, it became clear that no account of insanity as disorder, as pathological deviation, in our texts could be separated from the attention the medical authors paid to mental health generally, not necessarily or not explicitly registered as pathological.

Current official Western psychiatric culture can generally be said to put forth a clearly defined measure of what is normal and what is not in terms of mental health, in a way seen as increasingly inclusive. In this way, the boundaries of mental disorder have been ‘overextended’ (in the view of many)² to let in various forms of distress or lack of assimilation to a supposed and very specific norm that would not be seen as illnesses in past contexts or different cultural environments. These categorical models

¹ I refer to these sources, our core material, as ‘our texts’, ‘our sources’ (or, conventionally, ‘Hippocratic’) throughout. The legitimacy of such consolidation, and of a label ‘Hippocratic’ (unless intended with specific reference to the historical construction of a ‘Hippocratic Corpus’), is currently being questioned, and for strong reasons: see van der Eijk (2016). The texts which belong to the Corpus, in fact, include works possibly as late as the imperial period; moreover, even among the core that can be dated to the fifth and fourth centuries BCE enormous differences in terms of doctrine, audiences, style and genre are to be found, which makes a unitary concept ‘Hippocratic’ almost meaningless in cultural-historical or literary terms. Nonetheless, as this book sets out to illustrate, key shared attitudes are to be found in these texts, which are also common to other medical sources of the same time frame and differentiate them from non-medical contemporary cultural expressions. I thus maintain the label ‘Hippocratic’ in my discussion, although I am aware of its conventionality and problems, in order to focus on the elements of consistency displayed by our texts that are relevant to our present inquiry. In the same spirit, I will not focus on the peculiarities of style, genre and doctrine of individual texts if not to the service of the larger analysis – such an exploration would be impossible for reasons of space, and it is best carried out by studies devoted to individual treatises, by commentaries and similar instruments.

² Frances (2009); Busfield (2011) 5; cf. also Scull (2011) 111.

mimic those of infectious epidemiology in presenting discrete disorders into which an individual either falls or does not fall, rather than tracing a continuum between disorder and health.³ Such categorisation finds no place in our sources, hence the need and appropriateness of discussing mental health as a continuum, as ‘mental life’ within which elements of pathology and disturbance manifest themselves alongside other mental states.⁴

What is most noticeable upon approaching the ancient sources, in fact, is the lack of a clear conceptualisation of mental disease, although mental disorders are recognised and described.⁵ As is well known, the first clear statements acknowledging a psychiatric entity are found outside the Hippocratic texts.⁶ One of the earliest examples is Herodotus, who at 3.33 states that Cambyzes, whose mad violence the historian had already described in detail, may have been mad from birth because of a disease: ‘for they say that from birth Cambyzes had a severe disease that some call sacred disease; so it was not at all strange that, as his body was ill with such severe illness, his mind should not be healthy either’ (καὶ γὰρ τινὰ καὶ ἐκ γενεῆς νοῦσον μεγάλην λέγεται ἔχειν ὁ Καμβύσης, τὴν ἱρὴν ὀνομάζουσι τινες· οὐ νῦν τοι ἀεικὲς οὐδὲν ἦν τοῦ σώματος νοῦσον μεγάλην νοσέοντος μηδὲ τὰς φρένας ὑγιαίνειν). Mental suffering is not exactly identified with a disease here, but it is associated with the ‘sacred disease’, innate epilepsy as a natural consequence of a physiological disorder, and openly isolated as a datum to be interpreted in morbid terms.⁷

Tragedy notoriously displays an obsession with insanity, to an extent that it appears almost natural to the genre, isolating it clearly as problem. Clear statements of pathology can be found here. In the pseudo-Aeschylean *Prometheus Bound*, νόσος (632,⁸ 1069) and even the more technical νόσημα

³ Paraphrasing Busfield (2011) 17; see also 47 and 193 on the opposite, the psychological, ‘dimensional’ approach that sees mental disorder as instead a matter of degree.

⁴ This is not simply an ideological or cultural difference. Theoretically speaking, a continuist view and the perspective offered by recent developments in embodied cognition, in particular of affective studies, are closely related and offer further support for my approach (see in particular Chapter 5, pp. 338–45 on the emotions). Human mental states, as stated by Colombetti (2013) 1 regarding ‘affectivity’ (the ability to be affected, emotions, moods and ‘general lack of indifference’), are not episodes within an ‘affect-free’ life but a constitutive state of affairs in our species.

⁵ ‘[At the time of Hippocrates] physicians felt themselves to know, a priori, what mental illness was’, with Clark (1993) 402, quoting Lloyd (1987) 24 on the point.

⁶ Jouanna (2013) 104; Sassi (2013) 415.

⁷ Likewise, Herodotus describes the madness of Cleomenes of Sparta at 6.75.1 as a disease: ‘on his way he fell immediately prey to the disease of *mania*, while already in previous times he had been somewhat mad’ (κατελθόντα δὲ [αὐτὸν] αὐτίκα ὑπέλαβε μανίῃ νοῦσος, ἔοντα καὶ πρότερον ὑπομαργότερον).

⁸ On which, see Griffith (1983) 204 *ad loc.*

are used for Io's suffering (685) and Prometheus' own feelings of hatred (978), while, at Aesch. *Pers.* 750, νόσος φρενῶν is used of the insane deliberations of Xerxes.⁹ In the Sophoclean *Ajax*, the hero's madness is a λυσσώδης νόσος (452); many more examples could be offered. Are these to be taken as metaphorical uses of νόσος, or do they presuppose the acquisition of a psychiatric entity?¹⁰ The other main dramatic genre of the fifth century, comedy, also makes ample use of the idiom of madness as character flaw and disease, mostly hyperbolically but also evoking real pathology, most notably in *Wasps*. Here Philocleon is 'suffering from a strange disease', νόσον ... ἀλλόκοτον ... νοσεῖ (71; again, νόσον at 114), an obsession with law courts. This is clearly qualified as a form of madness (ἀλύει, 111; μανίαν, 1486) which necessitates the use of hellebore (1489) but has resisted any attempt to therapy and purification (115–24). Characteristically, insanity returns in Aristophanes as a trope to indicate political incompetence (e.g. *Eccl.* 251), delusional hopes (*Pax* 54), civic recklessness (*Lys.* 342) and other faults whether public or private. The theme of pathologised madness will remain typical of comedy in later developments of the genre – witness the faux-technical discussion of psychological illness in Menander's *Aspis* (344–9) and its diagnosis and attempted therapy of a mad patient (471–6).

Philosophical authors with medical interests are at ease employing the concept of mental disease and investigating it on its own terms. Plato's dialogues return several times to mental disorder, in varying ways but clearly conceptualising it and recognising the importance of the body in determining it.¹¹ At *Phaedrus* 265a9–10, Plato speaks of a μανία ὑπὸ νοσημάτων ἀνθρωπίνων, 'a madness that comes from human diseases' and is differentiated from divine madness; at *Timaeus* 86b1–7, he offers a clear distinction between τὰ περὶ τὸ σῶμα νοσήματα and τὰ περὶ ψυχὴν (but 'following the disposition of the body', διὰ σώματων ἔξιν);¹² at *Leges* 934c7, this is

⁹ See Thalmann (1986) on the Aeschylean physiology of the emotions.

¹⁰ Disease and the medical in general are metaphorical domains in tragedy and other fifth-century texts, applied in particular to the political sphere (the concept of πόλις νοσοῦσα and similar images: see Brock 2000, 2006, 2013; Kosak 2000, 2004, esp. 151–73; Cagnetta 2001; Thumiger 2009). But such consolidated metaphorical use presupposes a perception of relevance between the concepts associated in the metaphor, i.e. a sense of mental disease recognised and shared. One might also quote the list of afflictions in Aristophanes' *Heroes* as comical punishments for robbers and unjust men: 'spleen, coughs, dropsy, catarrh, scab, gout, madness (μῆνισσθαι), lichens, swellings, ague, fever' (fr. 322.8–11 Kassel–Austin).

¹¹ Plato's discussions of mental disorder notoriously vary (see Jouanna 2013; Sassi 2013; van der Eijk 2013; Vogt 2013). I am concerned here in particular with the conceptualisation of a disease of a mental type.

¹² For discussion of this passage and its influence on the later philosophical tradition as well as on Galenic ideas about mind and body, see Gill (2000); Robinson (2000); Sassi (2013) for Plato on (medical) insanity; van der Eijk (2013) 316–21. On the interpretation of the phrase διὰ σώματων

reformulated as an opposition between the condition of madmen, who should be kept at home (therefore, we might think, medically insane persons: ‘when someone is mad, he should not let be seen in public in the city’, *μαίνόμενος δὲ ἂν τις ᾗ, μὴ φανερός ᾖ στῶ κατὰ πόλιν*), and mental insanity ascribable to a moral flaw, a kind of ethical and political deviation:

μαίνονται μὲν οὖν πολλοὶ πολλοὺς τρόπους· οὓς μὲν νῦν εἵπομεν, ὑπὸ νόσων, εἰσὶν δὲ οἱ διὰ θυμοῦ κακὴν φύσιν ἅμα καὶ τροφὴν γενομένην, οἱ δὲ σμικρὰς ἔχθρας γενομένης, πολλὴν φωνὴν ἰέντες κακῶς ἀλλήλους βλασφημοῦντες λέγουσιν, οὐ πρόπον ἐν εὐνόμων πόλει γίγνεσθαι τοιοῦτον οὐδὲν οὐδαμῇ οὐδαμῶς. (*Leges* 934d–e)

There are many and various forms of madness: in the cases now mentioned, it is caused by disease, but cases also occur where it is due to the bad nature of their temper and bad upbringing, when men in the course of a trifling quarrel abuse one another slanderously with loud cries – something that is unseemly and totally out of place in a well-regulated state.¹³

Not only does Plato often return to a concept of mental disease, or ‘disease of the soul’, but that may also be interpreted as medical; he engages very precisely, albeit from a different angle, with the ‘Greek [doctors]’ (οἱ παρὰ τοῖς Ἑλλήσιν ἰατροί, 156d) and their failure to bring the soul into their healing horizon. Plato elaborates this point of criticism to put forth an alternative, holistic view of a medicine that should cure ‘the body with the soul’. In the early dialogue *Charmides*, at 156d–e, he offers an anecdote about the medical views of the divine Thracian king Zalmoxis:¹⁴

Zalmoxis ... our king, who is a god, says that as you ought not to attempt to cure eyes apart from a head, nor a head without a body, so you should not treat a body without a soul (οὕτως οὐδὲ σῶμα ἄνευ ψυχῆς); and this was the reason why most maladies evaded the physicians of Greece (ἀλλὰ τοῦτο καὶ αἴτιον εἶη τοῦ διαφεύγειν τοὺς παρὰ τοῖς Ἑλλήσιν ἰατροὺς τὰ πολλὰ νοσήματα) – that they neglected the whole, on which they ought to spend their pains, for if this were out of order, it was impossible for the part to be in order. For all that was good and evil, he said, in the body

ᾗ, I follow the strong reading of Gill (2000) 60, which implies that all diseases of the ψυχή happen in accord with the condition of the body, as opposed to taking the phrase as partitive (‘those among the diseases of the ψυχή that follow the condition of the body’).

¹³ See Prauscello (2015) 215–22 on Plato’s use of the figure of the *μαίνόμενος* and of the theme of madness precisely as part of his political discourse and project, especially in *Laus*. The Platonic trope relies on a clear and presumably shared conceptualisation of madness as a disorder of a ‘moral’, ‘psychological’ sphere and as a pathology of the body.

¹⁴ See Levin (2014) 19 n. 42 on this passage; and in general on Plato’s rivalry (and at times antagonism) with medicine, 54–66 on the critique of ‘Hippocratic’ materialistic notions of the soul. Levin excludes *Timaeus*, however, from her analysis.

and in man altogether was sprung from the soul (πάντα γὰρ ἔφη ἐκ τῆς ψυχῆς ὥρμησθαι καὶ τὰ κακὰ καὶ τὰ ἀγαθὰ τῷ σώματι καὶ παντὶ τῷ ἀνθρώπῳ) and flowed along from there.

The discussion of mental disorders is also framed as a point of ethical distinction in the discussion of ἀκράσια at Aristotle, *EN* 7 (1148b15–1149a20), where there is a clear sense that moral flaws and a form of disease can be the cause of the same human weaknesses and deviations: a taste for immoderate pleasures can intervene ‘in some cases because of defects, in others because of character/habit, in others because of depravity of nature’ (τὰ μὲν διὰ πηρώσεις τὰ δὲ δι’ ἔθῃ γίνεται, τὰ δὲ διὰ μοχθηρὰς φύσεις); deviant behaviour may come about because of a disease such as *mania*. These ‘morbid’ forms may derive from nature or habit (αἱ δὲ διὰ νόσους γίνονται καὶ διὰ μανίαν ἐνίοις, ὥσπερ ὁ τὴν μητέρα καθιερεύσας καὶ φαγών, καὶ ὁ τοῦ συνδούλου τὸ ἦπαρ. αἱ δὲ νοσηματώδεις ἢ φύσει ἢ ἐξ ἔθους, οἷον τριχῶν τίλσεις καὶ ὀνύχων τρώξεις, ἔτι δ’ ἀνθράκων καὶ γῆς, πρὸς δὲ τούτοις ἢ τῶν ἀφροδισίων τοῖς ἄρρεσιν). Shortly afterwards we read that ‘there are some insane people who are by nature entirely deprived of reason ... some are so because of diseases, like the epileptic, or because of a morbid derangement’ (καὶ τῶν ἀφρόνων οἱ μὲν ἐκ φύσεως ἀλόγιστοι ... οἱ δὲ διὰ νόσους, οἷον τὰς ἐπιληπτικὰς, ἢ μανίας νοσηματώδεις, 1149a9–12).¹⁵

A view of mental disorder as isolated affection and medically curable appears to be consolidated also in the pseudo-Aristotelian *Physiognomics* (c. 300 BCE) 808b21–4:

μανία γὰρ δοκεῖ εἶναι περὶ ψυχὴν, καὶ οἱ ἰατροὶ φαρμάκοις καθαίροντες τὸ σῶμα καὶ διαίταις τισὶ πρὸς αὐτοῖς χρησάμενοι ἀπαλλάττουσι τὴν ψυχὴν τῆς μανίας.

Madness appears to be an affection of the soul, yet physicians by purging the body with drugs, and in addition to these by prescribing certain modes of life, can free the soul from madness.

In a passage of Xenophon’s *Memorabilia* (dated after 371 BCE), the connection of mental suffering with a physical disease is made even clearer (3.12.5–6):

πρὸς πάντα γὰρ ὅσα πράττουσιν ἄνθρωποι χρήσιμον τὸ σῶμα ἐστίν· ἐν πάσαις δὲ ταῖς τοῦ σώματος χρείαις πολὺ διαφέρει ὡς βέλτιστα τὸ σῶμα ἔχειν· ἐπεὶ καὶ ἐν ᾧ δοκεῖ ἐλαχίστη σώματος χρεία εἶναι, ἐν τῷ

¹⁵ On this passage, see Sassi (2013) 423; van der Eijk (2013) 323–6.

διανοεῖσθαι, τίς οὐκ οἶδεν ὅτι καὶ ἐν τούτῳ πολλοὶ μεγάλα σφάλλονται διὰ τὸ μὴ ὑγιαίνειν τὸ σῶμα; καὶ λήθη δὲ καὶ ἄθυμία καὶ δυσκολία καὶ μανία πολλάκις πολλοῖς διὰ τὴν τοῦ σώματος καχεξίαν εἰς τὴν διάνοιαν ἐμπίπτουσιν οὕτως ὥστε καὶ τὰς ἐπιστήμας ἐκβάλλειν.

For in everything that people do, the body is useful; and in all uses of the body it is of great importance to be in as good a physical condition as possible. Why, even in the process of thinking, in which use of the body seems to be reduced to a minimum, it is a matter of common knowledge that even here grave mistakes may often be traced to bad physical health. And because the body is in bad condition, loss of memory, depression, discontent or insanity often assail the mind so violently as to drive the knowledge it contains clean out of it.

The clear conceptualisation of mental and physical (in the passage from Xenophon, σῶμα and διάνοια; in Plato's *Charmides*, σῶμα and ψυχή), along with the use of νόσος (and the construction of an idea of disease) with specific reference to mental suffering in all these examples finds no match in the medical texts discussed below. If we turn to the medical evidence, which preserves rich operative formulations of mental suffering, the first clear appearance of a self-standing category of mental pathology is in the medical encyclopedia *De Medicina* by Celsus, a first-century CE Roman text that discusses *insania*, dividing it into three kinds, in which the Greek categories of *phrenitis*, *mania* and *melancholia* are recognisable (*De Med.* 3.18, 122.11–127.15 Marx). We have little direct evidence from medical authors of the ideas elaborated between the age of the Hippocratics and this text, during a time when Hellenistic medicine flourished and, of particular importance for the study of mental illness, an important encounter between medicine and philosophical–ethical reflection developed. In these texts a category ‘psychiatric’ is fully recognised and attention is clearly paid to the mental health and happiness of the individual.

Given the contemporary testimony to philosophical or poetic concepts of insanity as disease, the absence of such conceptualisation from the ‘Hippocratic’ texts cannot be discounted as a cultural feature, but should be seen as specific to these authors.¹⁶ One level of explanation is more contingent: to see this datum as a way in which the domain of medicine was marked off from spheres more often dominated by ‘irrational’ aspects, notoriously addressed by poetic texts (notably tragedy), but also of

¹⁶ An absence that is striking and explains remarks such as that of Gill (1996a) 254: ‘Hippocratic medicine, while conveying a picture of human beings as psychophysical entities ... has virtually nothing to say about madness’, or more recently Kosak (2004) 8, ‘madness is not a major topos in extant medical literature’.

interest, for example in Herodotean historiographical inquiry.¹⁷ A second level of explanation involves a change of perspective. From an anthropological point of view, it is the view of mental disease as a sphere of ethical action (and spiritual action generally), the natural framework for contemporary audiences, that calls for historical explanation.¹⁸ In the spirit of medical practice, it seemed appropriate to the Hippocratic authors to think of insanity not as a disease, a problem *per se*, but within a continuum in which mental health can have degrees and variations, and is one sign among many within overall physiological health.

1.1 Methodological Problems in the Historiography of Mental Health and Mental Illness

This study is interested precisely in this early body of evidence and in the specificity of the representations it offers. On the one hand, the texts are in fundamental ways in counter-tendency to the representations offered by philosophical and literary sources; on the other hand, they share with poetic texts a rich repertoire of observations and images. By looking at the internal dialogue within this material, I shall ask: What is mental health in classical medicine *qua* medicine? And what is mental disorder?

From a methodological point of view, this question explores the relationship between culture and nature. This is not a new problem, nor one that has received any final solution or even sufficient discussion in the area of historical psychiatry. A key antecedent question emerges: When we address concepts of mental life and health, can we rely on the universality of human mental functioning and disorders? Or should our main object be taken as entirely culturally and socially determined?

¹⁷ See Wittern (1991) on this point; Sassi (2013) 415, who proposes a 'hypercorrection' on the part of the Hippocratics *vis-à-vis* widespread beliefs regarding insanity in order to explain precisely the difference between our texts and coeval sources. See Thumiger (2016b) on this specificity of the Hippocratic writings within classical culture as far as the emotions are concerned, and Clark (1993) 407–8 on genre-specific perceived causes of madness. On tragedy and medicine, see also Jouanna (1987/2012); Guardasole (2000); Craik (2001c); Lloyd (2003) 84–113; Kosak (2004); Holmes (2008), (2010) 228–74. Although Gill (1996a) 259–61 (discussing Padel's work) is right to warn against simplifying and unifying 'tragic madness' under one typology, it is fair to recognise conflict, exogeny and possession as typical in the genre.

¹⁸ The most influential recognition of the increasing concern for ethical norms 'in the first centuries of our era' in cultural history is Foucault's discussion of 'the care of the self' in the third volume of his *History of Sexuality* (1984/1986); the change towards a more ethical outlook on mental disorder is part of this wider shift (what Foucault calls 'austerity themes'). See Thumiger (in press a and b) on the medical evidence on the incorporation of values and responsibility into the idea of mental health in the late antique period.

*I.I.I Anthropology, Mental Disorder and
the Mind–Body Problem*

This question remains valid and central today. The psychiatrist and anthropologist A. Kleinman, to offer one prominent example, made important contributions regarding precisely these issues in the context of extensive anthropological and clinical research on mental disorders in non-Western communities; the problems he faced are fundamentally the same as those arising in historical inquiries.¹⁹ The results Kleinman reached in decades of field research and study do not accommodate simple, final answers to the dispute. On the one hand, he exposes the ‘romance with biology’ that characterised psychiatric research in America in the final decades of the twentieth century and the generally dominant neurobiological approach to research, diagnosis and treatment of mental disorders, with its politics and contingencies.²⁰ A deterministic (chemical or biological) view of human mental life underlies these approaches, a claim to universality in human physiology in psychiatric matters at the expense of cultural, social (and personal) variables. The meticulous practice of an anthropological approach, Kleinman advises, is the proper antidote to excessive biomedical determinism and ultimately works to guarantee fair and effective treatment, as well as respect for the human *qua* human.²¹

On the other hand, Kleinman resists seeing mental disorder simply as a cultural construct. Rather, we should imagine an interaction between a biological base (more evident in some cases than in others)²² and an epiphenomenal level responsive to each patient’s external conditions and stimuli, cultural as well as personal. The interaction between universal (chemical, neurobiological) and particular (personal, social, cultural) is always present, even if the proportions and dynamics between the two may shift considerably from one case to the next.²³ Lloyd returns several times to reinforce these conclusions about the balance between common

¹⁹ Kleinman (1980, 1991).

²⁰ Kleinman (1991) 73–6; Busfield (2011) 2–5; Scull (2011) 105–9.

²¹ Kleinman (1991) 106–7.

²² Kleinman (1991) 16, for instance, suggests that schizophrenia and perhaps depression appear to be disorders with a firmer biological basis spread throughout our species, as against more cultural-specific disorders such as ‘our’ anorexia, agoraphobia and personality disorders.

²³ As in Sacks (2012) 197, ‘deliria and psychoses have a top-down as well as a bottom-up quality, like dreams. They are volcano-like eruptions from the lower levels in the brain – the sensory association cortex, hippocampal circuits, and the limbic system – but they are also shaped by the intellectual and imaginative powers of the individual, and by the beliefs and style of the culture in which he is embedded.’

cognitive facts and cultural variation in human experience;²⁴ no mutually exclusive, clear-cut choice between the two is possible.²⁵

The relationship between mind and body, their mutual influence in determining the health of the individual, is not a topic that can be exhausted in an introduction, but there is a pragmatic sense in which mentioning it is necessary to our purpose. In current clinical discussions of mental pathology, the extent and typology of somatisation is an important theme. This is true also for the current project, as the visible mental suffering of patients constitutes the largest part of the material to be analysed here (i.e. patient reports from the Hippocratic *Epidemics*). Current taxonomies of mental disorder speak of 'somatic symptom disorders' as physical disorders that lack a 'medical' – i.e. physical – explanation and that are therefore seen as psychological in nature. These pathologies can be of various kinds ('illness anxiety disorder', 'conversion disorder', 'factitious disorder').²⁶ They can also be accompanied by 'strictly' mental problems such as cognitive impairment or mood imbalance. The ratio or relationship between the two spheres is an important cultural variable noted in anthropological studies. Kleinman, for example, suggests that physical complaints in depressions and forms of anxiety seem to be far more frequent in non-Western societies, as opposed to suicide caused by depression; the suggestion has been advanced that more intense somatisation might 'protect' those it characterises from the extreme resort to body-annihilation through self-killing.²⁷

Another cultural fact in this area is the incidence of 'psychophysiological experiences' such as trance and possession,²⁸ which Kleinman (perhaps with some exaggeration) describes as 'ubiquitous in non-western societies and ... in the West prior to the modern age'.²⁹ I follow Kleinman's account here; modern man – we ourselves – suffers from a 'dissociation of sensibility' (in T. S. Eliot's formulation) that makes him 'shift uneasily from participating emotionally in life and adopting the

²⁴ See Lloyd (2007) 104; Lloyd 154–7 on the problems posed by mental diagnosis and patterns of 'reason' in an historical and anthropological perspective.

²⁵ Already Padel (1995) 162, 221 on methodology; Drabkin (1955) 228.

²⁶ See DSM-V (2013) 309–27.

²⁷ Kleinman (1991) 41. Suicide actually committed, as we shall see, is almost absent from our texts, notwithstanding the rich repertoire of mental suffering they offer. Suicidology, however, is too slippery a field of inquiry (measurements are extremely difficult to make not only in history but also in contemporary society) to allow us to extrapolate valid statistics from our sources. See van Hooff (1990/2002) for a survey of suicides in ancient sources; on the reliability of his figures, I share the concerns of Garland (1993); Scott (2005) 292.

²⁸ Kleinman (1991) 50–2.

²⁹ Kleinman (1991) 50. See Ustinova (2009) 47–51, (2011) on this topic. On possession and shamanic practices in the ancient world, see above, p. 6.

pose he is above and outside the system which he is observing objectively'. This condition is associated, Kleinman continues, with 'the rise of a discursive, metatheoretical, "modernist" orientation to the self that is secular, self-reflexive and ironic'. In this way, 'the hysterical state of overt, dramatic physical response to life shocks' is made less available to us.³⁰ Along these lines, it would be easy to propose that in other societies and cultures, including the ancient world,³¹ physical responses to mental distress were *not only* made more visible and considered more important than they are today by both sufferers and observers (such as the physician who preserved for us the rich reports of the Hippocratic *Epidemics*), but were *also* perhaps far more frequent in actuality, not because they are "primitive" forms of pathology' but as 'ways of experiencing and articulating the body/self in [the] nondualistic, archaic tropes' specific to those cultural contexts.³²

We should not banalise the issue, however, by simplistically opposing a past in which the body was relevant and present, and a disembodied, rationalistic, 'logocentric' modern world. Even now, different cultures, social groups and individuals conceptualise illness in different ways with respect to the body, even if the underlying disease is the same.³³ We can nonetheless safely propose that mental health and mental suffering in our texts are best understood from an embodied perspective, and that physical expressions of mental life are revealed to be much stronger at the time when the main nucleus of the Hippocratic texts was composed than they are in contemporary Western paradigms of mental life (despite contemporary developments of 'embodied cognition', which remain nowhere near public or folk consciousness).³⁴ In cultural chronologies, this ideological shift towards versions of dualism has been variously attributed to Plato and Socrates, to Christian spirituality, and to the impact of Cartesianism with

³⁰ Kleinman (1991) 50.

³¹ Babylonian sources offer a similar case in this respect, as they seem to easily conceive of mental disorders in terms of hallucination, anxiety, social isolation, fear and bad dreams *as well as* disturbances in the sphere of eating, paralysis and shivering: see the eighth-century BCE cuneiform physician notes discussed by Geller (1997) 1.

³² Kleinman (1991) 50, stating a general principle.

³³ Kleinman (1991) 25 speaks of a distinction between *disease* (the actual biological, underlying disorder) and *illness* (the suffering experienced) to challenge the idea that imagery of 'layers' (with 'kernel' and 'surface') might be useful in understanding mental suffering.

³⁴ See Singer (1992) and Gundert (2000) for the classic accounts of the lack of a mind-body distinction in Hippocratic views of mental disorder, and Hankinson (1991) 200–8 to the same effect. Holmes (2010) and already extensively Pigeaud (1981/2006, most clearly 23) and Kuriyama (1999) 7–14 make a claim for the appropriateness of placing the body at the centre of the history of subjectivity and mental suffering.

its dualism between mind and matter.³⁵ For a historiography of ancient medicine, as noted above, one can locate a visible shift in the way mind and body are thought to interact beginning with Celsus' *De Medicina*. Even as the body remains relevant to mental health, it is increasingly defined as that which limits and imparts measure to the powers of the mind, and as potentially set, as a consequence, in antagonism to it, in Galen most notably, despite his materialistic stance regarding the faculties of the soul.³⁶ One might reformulate and say that a lack of somatisation and an emphasis on the 'strictly mental' (conceived as logical, abstract, computational cognition, or as a spiritual, ethereal entity imprisoned in the flesh) is specific to many strands of the post-Platonic European tradition, despite differentiations and specifications among philosophical and medical doctrines.

In sum, the following can be treated as fundamental premises to the present research:

1. As neurology and cognitive studies have increasingly illustrated (with a pluralism of and competition among theories that does not invalidate the main claim), the human mind is biological and shared, as are, to some extent, its states of health and unhealth.
2. The human mind and mental life are not confined to our brain and its functioning (as per standard cognitive science in its narrowest interpretation, where the mental is conceived as comparable to a computational process, like a computer programme, of which the brain constitutes the hardware, fundamentally separate from its processes and software),³⁷ but are grounded in the interactions between the body and the world around it. Human cognition is fundamentally influenced by and even conditional on the way the *body is shaped, moves* in the world and *relates to* it based on its perception (in turn psychologically and culturally dependent) of the world. 'Cognition depends upon the kinds of experience that come from having a body with various sensorimotor capacities, and second, ... these individual sensorimotor capacities are themselves

³⁵ There are many critics of a certain quality of Western thought seen as antagonistic to the body, whether incarnate in the Nietzschean 'Apollonian', the idea of phallogentrism and logocentrism, the feminist stance regarding bringing 'the body' into cultural discourse. On many of these, see Ferrari's preface to Fögen (2009).

³⁶ E.g. Galen, *Quod Animi Mor.* 5 (49.1–5 Müller = IV.788.10–12 K.): 'that the soul is overpowered by the ills of the body, though, is manifestly apparent in cases of *melancholia*, *phrenitis* and madness (*μανία*)' (trans. by V. Nutton, D. Davies and P. Singer).

³⁷ See Clark and Chalmers (1998) forcefully against 'internalism' in conceptions of the mind; Shapiro (2011) 7–50 for an introduction to standard cognitive science.

embedded in a more encompassing biological, psychological, and cultural context'.³⁸ Human cognition 'arises from bodily interactions with the world ... it depends on the kind of experiences that come from having a body with particular perceptual and motor capabilities that are inseparably linked and that together form the matrix within which reasoning, memory, emotion, language, and all other aspects of mental life are meshed'.³⁹ In this model, the body is no longer an antagonist to or a container of the mind, but fully, actively and irreducibly cooperates with it in determining mental life. To an important extent, therefore, this study is guided by the premises of embodied cognition, although an interpretation of the ancient sources entirely grounded in the questions it poses is neither its objective nor a feasible project generally.

3. The mind is also acculturated, and variations in self-representation, social expectations, politics and so forth are accordingly substantial to the mind in its interactive, extended nature, not mere epiphenomena. Turning to pathology and to Kleinman's distinction between *illness* and *disease*, two *illnesses* perceived, experienced and socially accepted in completely different ways cannot be considered the same *disease* by virtue of some external classification, for the cultural must also be taken as fundamental.⁴⁰ Cultural and biological aspects are co-substantial to the mind, its life and its disorders.⁴¹
4. Finally, there is the irreducible individual variable: the mind has a 'private life' (as the neurologist Greenfield describes it⁴²), a development and self-shaping determined by individual experience. This means that there is an ultimate 'black box' in the mental life and suffering of each of us, whose mystery can never be solved (and where, we can imagine, personal religious and spiritual life mostly takes refuge). Kleinman speaks of this as the (salvific) irreducibility of the human to taxonomy.⁴³

³⁸ Varela, Thompson and Rosch (1991) 173; see Noë (2004); Gallagher (2005); Rowlands (2010).

³⁹ Thelen et al. (2001) 1. According to some more extreme views, the 'mind' might even be extended ('supersized' with Clark) to comprise objects and properties other than those found in the head, so that mental activity is seen to include the brain, the body and the world, or the interactions among them – as influentially and most representatively put forth by Clark (2008).

⁴⁰ Kleinman (1991) 25.

⁴¹ See Short (2014) for a methodological discussion negotiating an anthropological approach that accepts embodied universals, on the one hand, and social, individual, contextual and conventional particulars, on the other.

⁴² Greenfield (2000), in her account of how the neural, cellular matter of the brain interacts with unique experiences and life factors in determining human identity and 'psychology' (and thus mental pathology as well); from a cognitivist point of view, Noë (2009) on how an organism's interaction with the environment determines its conscious life.

⁴³ 'There is, thank goodness, an obdurate grain of humanness in all patients that resists diagnostic pigeonholing' (Kleinman, 1991, 17).

These facts are fundamental to justifying the methodology and aims of this book. In practical terms, (1) allows me to rely on some hard facts as we read ancient texts as relatable to our experience, i.e. to hypothesise at least some degree of retrospective diagnosis, not as perfunctory ‘disease hunting’ but in line with what one might call the ‘human intelligibility’ underlying ancient images of suffering.

(2) helps us, as contemporary readers, to make sense of the – for us striking – role played by the visible body in the descriptions of insanity in our medical texts. In this light, the physical quality of insanity in the sources might be taken to reveal not a peculiarity of classical cultures (lack of abstraction, primitivity or the like), but a biological fact regarding the corporeal nature of human mental life despite the interest in the life of the spirit long dominant in Western culture,⁴⁴ with its ideologies of dualism of mind and body that have confined mental (in)sanity to an abstract, invisible level.⁴⁵ In the absence of this dualistic frame, it is unsurprising that the ancients describe an insane person beginning with a failure in certain functions of the body, in many ways a fully appropriate account of the way human cognitive processes actually function. This is not a mere interpretative issue, but potentially a scientific fact we cannot ignore when assessing ancient views of mental life and health (or any other).⁴⁶

On the other hand, (3) reminds us that all sources must be contextualised in terms of generic conventions, literary traditions and social frames, occasions and audiences. Both concrete and metaphorical problems of ‘translating’ (an ancient or alien vocabulary, narrative or experience) are at issue here.⁴⁷

Finally, (4) reminds us that in all cultures at all times human beings are individuals offering ‘others’ (friends, family, posterity) forms of subjective narrative that will be reported according to how they are received, with varying purposes and for different audiences. Subjectivity and opacity are never entirely eliminable.⁴⁸

⁴⁴ That in our culture views of mental life have long been largely dualistic and rationalistic is a narrative that has been presented many times in different forms; see Gill (1996a) esp. 34–44; Martin and Barresi (2006) for a narrative account; Sorabji (2006). The revolt against the (sometimes overplayed) hegemony of Cartesianism in Western views of identity, after having had a refreshing and constructive influence on studies of the ancient mind and self, has long cooled its ardour.

⁴⁵ We should beware of simplifying such a complex history: Plato, Aristotle and Hellenistic thinkers elaborated very different kinds of ‘dualism’ (if one can even legitimately use the same term for all of them) with reference to mind and body.

⁴⁶ Padel (1995) had already exposed this fallacy in the modern Western outlook, within a discussion of poetic imagery; see below, p. 60 n. 154.

⁴⁷ Kleinman (1991) 27–33 on ‘translating idioms of distress’ across cultures.

⁴⁸ For a discussion of the same issues, see Clark (1993) 14–15, proposing a ‘two-tiered’ model to approach mental disorders.

1.2 Mental Life and Mental Disorder: Theoretical Frame, Value, Manifestations

Mindful of the issues just discussed, within the larger topic of mental *health* we now move to restrict our field of inquiry to mental pathology in particular. What does a discussion of mental disorder look like? For ancient as for modern scholars (or practitioners) with an interest in mental health, the definition of a norm of health vs. disorder can be approached on three levels:

- (1) By trying to understand how mental disorders can be explained and predicted (the devising of a theoretical frame, whose questions are: What *causes* insanity? What is its prognosis? Are there diseases in this area? and so forth).⁴⁹
- (2) By taking an evaluative/eudaimonistic step by exploring 'which notion of the good life' is implied and sustained by the taxonomic, diagnostic and therapeutic system in place. To discuss mental life and sanity (and insanity) from this perspective means to discuss and propose a model of human happiness and fulfilment.⁵⁰ And
- (3) by aiming at an empirical 'description of events': What are the manifestations of mental life, and which aspects can be ascribed to insanity? What kind of evidence is usually gathered?

These three steps are co-present in contemporary Western understandings of sanity and insanity; all three are also recognised in common therapeutic practice today. A modern practitioner of psychiatry needs to describe the patient's mental illness (3), explain its causes and foresee its course in order to devise a therapy (1), and measure the patient's need for therapy against an idea of what it means for him/her, by shared standards, to lead a reasonably good life. Thus, for example, when dealing with a patient who has been suffering from depression for two years following the death of a spouse, the psychiatrist or psychologist will (3) collect details about the patient's malaise (e.g. insomnia or loss of appetite, continuous crying, weight gain, suicidal thoughts); (1) frame the disorder within an explanatory pattern that includes causation and prognosis (e.g. grief and chemical unbalance, familial predisposition, among causative factors; prognosis for duration and severity); (2) measure the disorder in terms of life quality, for

⁴⁹ These two parts are highlighted by Simon (2013) 32–3 in a discussion of the classification of mental illness.

⁵⁰ See Hughes (2013) 51–8 for a comparative discussion of values in psychiatric diagnosis.

example by considering the frequency of episodes of weeping or suicidal thoughts, the severity of insomnia or the extent to which the condition interferes with or prevents the enjoyment of a ‘normal life’.

A fierce debate is currently going on about the growing tendency, in public health services especially, to concentrate on practical indications for illness management (those indicated by (3)) at the expense of the larger theoretical and evaluative aspects (1, 2). The latest DSM-V⁵¹ has been the target of attack for its focus on pragmatic therapeutical strategies, as opposed to promoting an understanding of the *causes* of mental disease and framing them within a broader reflection on values and human happiness (hence the plea for the incorporation of ‘values’⁵² into the diagnostic process just mentioned). Therapies comprising (1) and especially (2) currently seem to be growing less and less accessible to most individuals served by Western public health systems. On the receiving end, as Forrester remarks,⁵³ the availability of these ‘dishes’ is not the same for all members of society; ‘fast food culture’ versus ‘restaurant culture’, to use his expression, is a social dichotomy reproduced in mental healthcare, whereby individuals from lower social strata with mental problems are more likely to be offered a quick diagnosis and short-term pharmaceutical therapy. Notwithstanding this harsh reality, all current approaches to therapy familiar to us (e.g. neurological models and psychiatry; cognitivism and behavioural therapy; various psychoanalytical methodologies) at least aim to combine and discuss all three aspects.

1.2.1 *Mental Life and Mental Disorder in Classical Greece: Theories of Mind, Eudaimonistic Aspects, Manifestations*

In fifth- and fourth-century Greek medicine, the three elements, which we can rephrase for the sake of an historical perspective as

- (1) ‘theory of mind’
- (2) discourse on values (eudaimonistic, religious, ethical)
- (3) manifestations of mental insanity,

are separate fields, albeit with areas of intersection. For ancient physicians in the age of Hippocrates, there seems to be no cogent or systematic link between insanity in its various somatic, cognitive and emotional

⁵¹ DSM-V (2013).

⁵² Frances (2009, 2010, 2011); Hughes (2013).

⁵³ Forrester (2011).

manifestations (3), on the one hand, and theoretical models of ‘the mind’ (whether cognitively, emotionally or psychologically conceived as a seat of the self or of character, an operational centre, an immortal–divine component or the like) (1) and values of happiness and goodness as features of ‘health’ (2), on the other.

(1) and (2) are mostly the province of philosophical reflection, (3) the province of medicine. It is important to note again that there are some areas of intersection, and literary and poetic representations can help considerably with (2) and (3). Important (although often competing) ‘theories of mind’ (1), on the other hand, are advanced in the Hippocratic texts, as we shall see. Medical images of health and well-being, furthermore, have an important influence on the categories and even the idiom adopted by later philosophical reflections on ethics and metaphysics.⁵⁴ The vast majority of the material on mental life and disease in medical sources, however, defies the association of theory, ethics and observable signs when it comes to the mental. The convergence of the three is itself a history and a point of arrival, not a foundation.⁵⁵

1.2.1.1 ‘Theories of Mind’

Fifth- and early fourth-century medical texts preserve essentially five views of the seat and origin of mental functions, associating various aspects of mental life respectively with the brain, blood, air/*pneuma* (to varying extents qualified as channel or source of cognition), some organ or location in the belly, and fire and water as constitutive matters of the *psychê* (in *Vict.* 1.35–6, 150.29–156.32 Joly-Byl = 6.512.20–524.10 L.). These models are the closest thing to a ‘theory of mind’ found in our texts; the label applies fully to the encephalocentrism of *De Morbo Sacro*, which is presented clearly and programmatically as an explanatory theory. While the same cannot be said of all the other approaches, haemo-cardiocentrism also stands out as a coherent system.⁵⁶ To qualify these as ‘competing views’, as if they were rival doctrines or schools of thought with corresponding therapeutic systems and homologous if differing psychiatric/mental categories, would be enormously misleading; the theories differ not only in the physical part they concentrate on, but also in the parameters they adopt. As

⁵⁴ See Pigeaud (1981/2006); Robinson (2000); van der Eijk (2005) 1–44; Ahonen (2014) 9–34.

⁵⁵ See Jouanna (2013) 97 precisely on the late intersection of the history of madness with the history of the soul.

⁵⁶ See Manuli (1977) for an interpretation of these theories as shaping pre-Aristotelian medicine and philosophical biology. Several additional, less dominant theories, however, complicate the landscape we are surveying beyond a struggle of encephalocentrism vs. haemo-cardiocentrism (with the latter eventually prevailing).

van der Eijk helpfully summarises,⁵⁷ the foregrounded categories in each model, which emerge more fully in our sources, are ontologically different: the individual's faculties (cognitive functions, clarity and speed of perception, emotional balance); the location of the 'mind' in different parts of the body (heart, brain, diaphragm); substances circulating in the body that allow mental functions (blood, air, phlegm); physiological processes that have an effect on the mental, or that are themselves mental in nature (decay, constipation, suffocation); relations/proportions (the concepts of balance and/or mixture as having a mental effect). The views may even explicitly overlap or be combined in individual texts, as is notably the case for encephalocentrism and the role played by air in the epistemology of *De Morbo Sacro*. A search for a dominant 'theory of mind' thus not only collides with an irreducible plurality of views (as well as with the highly composite nature of the texts, which are far from being a 'corpus' in content) but, more importantly, fails to advance our general understanding of mental health and disorder in our authors, as these theories are involved to only a limited extent in the representation of mental life the material offers. The richest information regarding the latter comes from the clinical discussion of patients in the *Epidemics*; in nosological contexts, moreover, the association of mental disorder with a theory of mind is far from constant.

With these points taken into account, I now offer a brief survey of such theories in our texts.

1) *Encephalocentrism: The Brain as Source of Mental Activity* This theory is most clearly presented in *Morb. Sacr.* 14 (25.12–26.10 Jouanna = 6.386.15–387.3 L.), where the brain is said to be the seat of cognitive judgement, perception and emotional life, as well as of character:⁵⁸

It ought to be generally known that the source of our pleasure, merriment, laughter and amusement, as of our grief, pain, anxiety and tears, is none other than the brain. It is in particular the organ that enables us to think, see and hear, and to distinguish the ugly and the beautiful, the bad and the good, pleasant and unpleasant, whether we judge according to convention or, at other times, according to the perceptions of expediency. The same

⁵⁷ I follow the clarifying account in van der Eijk (2005) 124–5, as well as Chapters 4 and 7 of his book. Important earlier discussions are Manuli (1977); Hankinson (1991); Singer (1992); Gundert (2000). See also Lo Presti (2008) 14–15, 191 on the relationship between these models.

⁵⁸ Other texts with an encephalocentric positioning are *Places in Man* and *Nature of Man* (see Manuli 1977). For the brain as the centre of mental activity, see Jouanna's edition (2003) lxii–lxx on the precedent to the encephalocentrism of *Sacred Disease* in Alcmaeon and Diogenes of Apollonia; Lo Presti (2008) for encephalocentrism in *Sacred Disease* and its context; Manuli (1977) 185; Pigeaud (1981/2006) 418–19 with bibliography.

thing makes us mad or delirious, inspires us with dread and fear, whether by night, or by day, brings troubled sleep, inopportune mistakes, aimless anxieties, absent-mindedness and acts that are contrary to habit.

εἰδέναι δὲ χρὴ τοὺς ἀνθρώπους ὅτι ἐξ οὐδενὸς ἡμῖν καὶ ἡδοναὶ γίνονται καὶ εὐφροσύνη καὶ γέλωτες καὶ παιδιαι ἢ ἐντεῦθεν, ὅθεν καὶ λῦπαι καὶ ἀνία καὶ δυσφροσύνη καὶ κλαυθμοί. καὶ τούτῳ φρονέομεν μάλιστα καὶ νοέομεν καὶ βλέπομεν καὶ ἀκούομεν καὶ διαγινώσκομεν τὰ τε αἰσχροὶ καὶ τὰ καλὰ καὶ τὰ κακὰ καὶ τὰγαθὰ καὶ ἡδέα καὶ ἀηδέα, τὰ μὲν νόμῳ διακρίνοντες, τὰ δὲ τῷ συμφέροντι αἰσθανόμενοι, τότε δὲ καὶ τὰς ἡδονὰς καὶ τὰς ἀηδίας τοῖσι καιροῖσι διαγινώσκοντες. καὶ οὐ ταῦτ' ἀρέσκει ἡμῖν. τῷ δ' αὐτῷ τούτῳ καὶ μαινόμεθα καὶ παραφρονέομεν καὶ δειμάτα καὶ φόβοι παρίστανται ἡμῖν τὰ μὲν νύκτωρ, τὰ δὲ μεθ' ἡμέρη, καὶ ἐνύπνια καὶ πλάνοι ἄκαιροι καὶ φροντίδες οὐχ ἰκνεύμεναι, καὶ ἀγνωσίαι τῶν καθεστέων καὶ ἀηθία. καὶ ταῦτα πάσχομεν ἀπὸ τοῦ ἐγκεφάλου πάντα ...

Another relevant passage is *Gland.* 12 (119.18–21 Joly = 8.566.10–13 L.), where the brain is discussed as a gland:

The brain is harmed and it is not healthy itself; and if it is irritated, it suffers a great disturbance, the mind is deranged, and the brain pulls and convulses the whole person, who sometimes becomes speechless and is suffocated.

ὁ δὲ ἐγκέφαλος πῆμα ἴσχει καὶ αὐτὸς οὐχ ὑγιαίων· ἀλλ' εἰ μὲν δάκνοιτο, τάραχον πολὺν ἴσχει, καὶ ὁ νοῦς ἀφρονεῖ, καὶ ὁ ἐγκέφαλος σπᾶται καὶ ἔλκει τὸν ὅλον ἄνθρωπον, ἐνίοτε δ' οὐ φωνεῖ καὶ πνίγεται.

A τάραχος of the brain causes cognitive impairment (ἡ νοῦς ἀφρονεῖ) and provokes the signs of voicelessness and suffocation. Moreover, the brain itself is at the centre of the body, capable of 'pulling' and 'shaking' the whole person (σπᾶται καὶ ἔλκει τὸν ὅλον ἄνθρωπον).

We can also interpret as encephalocentric cases in which damage to the head is seen as the cause of insanity.⁵⁹ A more diffuse proof in support of the existence of a pivot point of mental disorder in the head is the fact that various texts clearly organised *a capite ad calcem* incorporate signs having to do with the mental at the beginning of the discussion, concerning the *caput*, e.g. *Prorrheticon* 1. This is further evidence for a generally firm, if not

⁵⁹ E.g. *Coac.* 489, 490 (226.24–228.2 Potter = 5.696.2–7 L.); *De Capitis Vulneribus*; various cases in *Epid.* 5.39 (20.1–3 Jouanna = 5.230.21–3 L.), 50 (23.15–24.2 Jouanna = 5.236.11–20 L.), 55 (25.6–13 Jouanna = 5.238.11–16 L.), 60 (27.1–7 Jouanna = 5.240.8–12 L.), 62 (28.6–9 Jouanna = 5.242.4–6 L.), 95 (42.3–14 Jouanna = 5.254.18–256.5 L.), 99 (44.3–6 Jouanna = 5.256.19–21 L.). On the other hand, whether the trauma in itself causes insanity rather than the location of the damaged part in the brain remains an open question: traumas to the jaw (as several cases discussed in *De Articulis*), in fact, or necrosis of the leg and back (*Fract.* 11, 65.2–3 Kühlewein = 3.456.3–4 L.) display comparable mental consequences (specifically the fact of being γνώμης ἀπτόμενοι, with trembling and hiccoughs).

theoretically spelt out, conceptualisation of the mental pivot as somehow located in the upper part of the torso.⁶⁰

2) *Air/Pneuma as Playing a Role in Intelligence*⁶¹ I have already noted the non-exclusivity of different ‘theories of the mind’, and the clearest account of the epistemological function of air/*pneuma* in fact works as a complement to encephalocentrism in *Morb. Sacr.* 16 (29.4–11 Jouanna = 6.390.10–15 L.):⁶²

For this reason I think that the brain is the most powerful organ of the human body, for when it is healthy, it is an interpreter to us of the phenomena caused by the air, as it is the air that gives it intelligence. Eyes, ears, tongue, hands and feet act in accord with the discernment of the brain; in fact the whole body participates in intelligence in proportion to its participation in air.

κατὰ ταῦτα νομίζω τὸν ἐγκέφαλον δύναμιν ἔχειν πλείστην ἐν τῷ ἀνθρώπῳ· οὗτος γὰρ ἡμῖν ἐστὶ τῶν ἀπὸ τοῦ ἥερος γινομένων ἐρμηνεύς, ἣν ὑγιαίνων τυγχάνη· τὴν δὲ φρόνησιν αὐτῷ ὁ ἄηρ παρέχεται. οἱ δ’ ὀφθαλμοὶ καὶ τὰ ὤατα καὶ ἡ γλῶσσα καὶ αἱ χεῖρες καὶ οἱ πόδες οἷα ἂν ὁ ἐγκέφαλος γινώσκη, τοιαῦτα ὑπηρετεῖουσι. γίνεται γὰρ ἐν ἅπαντι τῷ σώματι τῆς ἰφρονήσιος, τέως ἂν μετέχη τοῦ ἥερος.

3) *Hematocentrism: The Blood as Centre of Mental Life*⁶³ In *Flat.* 14 (121.9–13 Jouanna = 6.110.16–20 L.) we read:

Now I hold that no constituent of the body in anyone contributes more to intelligence than does the blood. So long as this remains in its normal condition, intelligence does as well; but when the blood is altered, the intelligence also changes.

⁶⁰ I thank A. Roselli for this observation and discussion of the point. See also *Coac.* 307 (176.23–7 Potter = 650.19–21 L.), where the migration of paralytic signs towards neck and head is said to indicate convulsion and insanity (τὰ ἐξ ὀσφύος ἐς τράχηλον καὶ κεφαλὴν ἀναδιδόντα, παραλύοντα παραπληκτικὸν τρόπον, σπασμῶδες, παρακρουστικά); compare the recurring association of headache and sensory disruptions (discussed in [Chapter 4](#)) and the various diseases of the head in nosological treatises (see below, pp. 193–4 n. 50). Walshe (2016) 1–26; 27–41, 94–106 explores the evidence, in Homeric and Hippocratic literature respectively, for a localisation of mental and vital faculties in the brain (with retrospective neurological reading).

⁶¹ The earliest source for this idea is Diogenes of Apollonia, a figure often described as a doctor and who we know composed a book entitled *The Nature of Man*. According to Theophrastus (*De Sens.* 45), he seems clearly to state that air is endowed with intelligence (64 B 4–5 D.-K.) and that its distribution in the body accounts for variations in intelligence, sense perception and pleasure (64 A 19 D.-K.).

⁶² See van der Eijk (1997) [Chapter 4](#), 129 n. 22; Jouanna (2003) lix–lx.

⁶³ On the history on haemo-cardiocentrism in ancient medicine and philosophy, see Manuli (1977) 190–4; van der Eijk (2005) 130–3, 206–37 on blood, cognition and senses in Aristotle; Boylan (2015) for a survey of blood in ancient Greek science in its cultural and intellectual context.

ἡγέομαι οὐδὲν ἔμπροσθεν οὐδενὶ εἶναι μᾶλλον τῶν ἐν τῷ σώματι
 συμβαλλομένων ἐς φρόνησιν ἢ τὸ αἷμα. τοῦτο δ' ὅταν μὲν ἐν τῷ
 καθεστέωτι μένη, μένει καὶ ἡ φρόνησις· ἑτεροιοιμένου δὲ τοῦ αἵματος,
 μεταπίπτει καὶ ἡ φρόνησις.

Compare *Morb.* 1.30 (86.19–88.6 Wittern = 6.200.11–18 L.):

Phrenitis is as follows: the blood in a person contributes the greatest part to his intelligence, some people say everything. Therefore, when bile that has been set in motion enters the vessels and the blood, it stirs the blood up, turns it to serum, altering its normal consistency and motion, and heats it. And the blood, once heated, heats all the rest of the body too, and the person, because of the magnitude of his fever, and because his blood has become serous and abnormal in its motion, loses his wits and is no longer himself.

φρενίτις δ' οὕτως ἔχει· τὸ αἷμα ἐν τῷ ἀνθρώπῳ πλεῖστον συμβάλλεται
 μέρος συνέσιος· ἔνιοι δὲ λέγουσι τὸ πᾶν· ὅταν οὖν χολὴ κινηθεῖσα ἐς
 τὰς φλέβας καὶ ἐς τὸ αἷμα ἐσέλθῃ, δι' οὖν ἐκίνησε καὶ διώρρωσε τὸ αἷμα
 ἐκ τῆς ἑωθυίης συστάσιός τε καὶ κινήσιος, καὶ διεθέρμηνε· διαθερμανθέν
 δὲ διαθερμαίνει καὶ τὸ ἄλλο σῶμα πᾶν, καὶ παρανοεῖ τε ὠνθρωπος καὶ
 οὐκ ἐν ἑωυτῷ ἔστιν ὑπὸ τοῦ πυρετοῦ τοῦ πλήθους καὶ τοῦ αἵματος τῆς
 διορρώσιός τε καὶ κινήσιος γενομένης οὐ τῆς ἑωθυίης.

In these two passages – most explicitly only in the first – intelligence and mental functions are said to be dependent on blood and its alterations. This is evidence for the importance of blood in human mental life, although the statements are not really equivalent to a hematocentric theory.

4) *Versions of 'Enterocentrism':* Kardiê, Phrenes, *Liver and Mental Life*⁶⁴ Despite the key role cardiocentrism will play in Aristotelian biology, there is no trace in our texts of its having a status comparable to the brain's in *De Morbo Sacro*. Rather, mentions of it are in line with a general reference to organs seated in the chest in association with mental health. Implicit information is offered by *Morb.* 2.5 (136.7–15 Jouanna = 7.12.16–24 L.), where damage to the *kardiê* causes a loss of consciousness in association with damage to the brain:

If the brain become sphacelous, pain radiating from the head occupies the spine and migrates to the *kardiê*; then there is loss of consciousness and sweating, and lack of sleep, and blood flows from his nostrils, and often he also vomits blood ... [the patient] loses consciousness when phlegm or bile invades the *kardiê*.

⁶⁴ See Langholf (1990) 42–3 for more on these; Onians (1951) 84–9 on the liver and the belly. On imagery and poetry, Padel (1992) 12–48; Gundert (2000) 28; Stefanelli (2010), esp. 97–137 for a recent discussion.

ἦν σφακελίση ὁ ἐγκέφαλος, ὁδύνη ἔχει ἐκ τῆς κεφαλῆς <ἐς> τὴν ῥάχιν καὶ ἐπὶ τὴν καρδίην φοιτᾷ ἀψυχὴ καὶ ἰδρῶς καὶ ἄϋπνος τελέθει καὶ ἐκ τῶν ῥινῶν αἷμα ῥεῖ, πολλάκις δὲ καὶ ἐμεῖ αἷμα ... ἀψυχεῖ δ' ὅταν προσίτηται πρὸς τὴν καρδίην φλέγμα ἢ χολή.

Here the *kardiê* ('heart'⁶⁵) is not said to be the centre of mental life in a way comparable to the encephalocentric manifesto of *De Morbo Sacro*, but is another organ involved in mental functioning. A similar status can be inferred from passages in *Girls* in which mental disturbance is explicitly located in the chest (καρδίη, διάφραξις, φρένες). At *Virg.* 2 (22.13–17 Lami = 8.466.15–20 L.):

When the mouth of the exit [from the womb] does not open up, and more blood keeps being added from food and the growth of the body, then the blood, lacking anywhere to flow out, springs up in its excess to the *kardiê* and the diaphragm. Now when these parts are filled, the *kardiê* becomes stupefied, then numbness results from the stupefaction, and finally as result of the numbness derangement follows.

ὁκόταν οὖν τὸ στόμα τῆς ἐξόδου μὴ ᾗ ἀνεστομωμένον, τὸ δὲ αἷμα πλέον ἐπιρρέη διὰ τὰ σιτία καὶ τὴν αὔξησιν τοῦ σώματος, τηνικαῦτα οὐκ ἔχον τὸ αἷμα ἔκρουν ἀναΐσσει ὑπὸ πλήθους ἐς τὴν καρδίην καὶ ἐς τὴν διάφραξιν· ὁκόταν οὖν ταῦτα πληρωθέωσιν, ἐμωρώθη ἡ καρδίη, εἴτ' ἐκ τῆς μωρώσιος νάρκη, εἴτ' ἐκ τῆς νάρκης παράνοια ἔλαβεν.

Again, explicitly:

But from the *kardiê* and the *phrenes* the blood recedes only slowly, since the vessels are transverse and the place is critical and can bring about derangement and madness. (*Virg.* 1, 22.23–5 Lami = 8.468.5–8 L.)

ἐκ δὲ τῆς καρδίας καὶ τῶν φρενῶν βραδέως παλιρροεῖ· ἐπικάρσιαι γὰρ αἱ φλέβες καὶ ὁ τόπος ἐπίκαιρος ἔς τε παραπροσύνην καὶ μανίην.

⁶⁵ The straightforward identification of καρδιά/καρδίη in these texts with the organ we designate 'heart' should be resisted, although I sometimes retain this conventional translation to indicate the location in the upper torso on which the physiology of certain mental processes has an effect. See Onians (1951) 23 on κῆρ/κραδίη, 29; Stefanelli (2010) 105, who suggests that the term, with its adjectival derivation, might rather indicate 'the upper cavity in the torso' where the organ 'heart' is also located (my translation), 111, 113. The later (Hellenistic) *On the Heart* appears instead to describe the blood-drawing organ, endowing it explicitly with the views of the cardiocentric tradition and offering them more precise localisation, 10 (194.8–9 Duminil = 9.88.7–9 L.): γνώμη γὰρ ἡ τοῦ ἀνθρώπου πέφυκεν ἐν τῇ λαίῃ κοιλίῃ καὶ ἄρχει τῆς ἄλλης ψυχῆς, 'for human intelligence is established in the left cavity [of the heart], and it rules over the rest of the soul'. The terms of this statement are characteristically un-Hippocratic (the idea of γνώμη as the ruling part and of a soul divided into parts in the first place) and clearly a later development. This text testifies, however, to strands of observation associating the heart and diaphragm – in the chest – with consciousness and sensory capacities.

The disorder described at *Acut. (spur.)* 7 (71.8–11 Joly = 2.406.6–9 L.) treats the *kardiê* and the liver as parts damage to which has mental consequences:

[Due to stoppage of air] chills occur as a result of the stasis, along with darkening of the vision, loss of speech, heaviness in the head and even convulsions, if the fluxes have already reached the *kardiê*, liver⁶⁶ or *phrenes*; as a consequence of which [the patients] become epileptic or paralysed/stricken (*paraplegês*).

καταψύξεις τε γίνονται ὑπὸ τῆς στάσιος, καὶ σκοτώσεις καὶ ἀφωνίη καὶ κερηβαρίη ἢ καὶ σπασμοί, ἣν ἤδη ἐπὶ τὴν καρδίην ἢ τὸ ἥπαρ ἢ ἐπὶ τὴν φλέβα ἔλθῃ· ἔνθεν ἐπίληπτοι γίνονται ἢ παραπληγες.

Compare finally *Int.Aff.* 48 (232.14–15 Potter = 7.284.21–2 L.), describing a swelling of the liver that results in pressure on different organs:

As the liver presses more against the *phrenes*, the individual grows mad.

καὶ ὁκόταν τὸ ἥπαρ μᾶλλον ἀναπτυγῇ πρὸς τὰς φρένας, παραφρονεῖ

The final key term for this localisation is one whose importance is notably downplayed in our texts by comparison with poetic representations: the *φρένες*, the translation of which is even more problematic than that of *kardiê*. Sometimes, especially in classical and later texts, the context clearly suggests ‘diaphragm’, and the term is often translated thus. In archaic language, however, *φρήν/φρένες* may be variously identified with the lungs or generally with the central cavity of the torso as a location of mental and emotional life, and figuratively with mental functions and character abstractly conceived.⁶⁷ When a mental element appears to be present, the texts oscillate between applying the term to a mental function and a location of mental activity.⁶⁸ Significantly, the author of *Sacred Disease* devotes a section to refuting the idea that the mental faculties should be located in the *φρένες* (or in the *kardiê*; *Morb. Sacr.* 17, 30.3–17 Jouanna = 6.392.6–19 L.), testifying to the strength of the belief that localised mental life in the torso.

In sum, a localisation of mental faculties in the stomach or belly is hinted at by various texts, although without the precision with which Galen, Rufus and Aretaeus speak of a sympathetic involvement of the

⁶⁶ It is legitimate to translate ἥπαρ with ‘liver’ (although it could be used metonymically for strong emotions, as in Aesch. *Ag.* 432 πολλὰ γούν θιγγάνει πρὸς ἥπαρ, ‘oppression of great anguish on the heart’), as the bodily location appears to be straightforward from the start, confirmed by religious and divinatory practice.

⁶⁷ As in tragedy: see Thumiger (2007) 72–3.

⁶⁸ See Chapter 5, pp. 400–2 for a discussion of this point; Onians (1951) 23–43; Stefanelli (2010) 44–74.

stomach with the soul at the origin of certain mental pathologies.⁶⁹ This generalised localisation also explains how, in the illustration offered at *Vict.* 1.35 to which we now turn, the revolution of the soul in mental and vital activities takes place in the circuit around the stomach.⁷⁰ The importance of this cavity to mental activity is a perhaps less precisely defined, but more widespread, constant in early Greek culture than other models.

5) *The ψυχή*⁷¹ As has been noted,⁷² no medical mention of a ‘disease of the soul’, νόσος τῆς ψυχῆς, survives prior to the famous passage from the beginning of Plato’s *Timaeus*. The history of the concept of the soul/mind, the ψυχή, and the history of mental disorder are separate threads that intersect at intervals ultimately to meet late in the medical tradition being studied here. In this connection, soul/mind covers a much larger field than ψυχή; ‘mental disease’ is not equivalent to ‘disease of the mind’⁷³, the gap between theory of mind and manifestations of mental health I attempted to sketch above. Within this situation, however, two texts stand out for their presentation of ψυχή in ways that are both metaphysical and medical, and should be considered an important part of the history of the intersections of the three threads: the Hippocratic *On Humours* and even more importantly *Regimen*, where the ψυχή and its workings receive considerable attention.⁷⁴

ψυχή is not a common word in our texts, and is mostly used with a non-psychological (i.e. non-‘personal’, not as the seat of individuality or the ‘soul’ of an individual person inclusive of mental/emotional dispositions) meaning.⁷⁵ As such, ψυχή is used in *Airs Waters Places* to describe in an ethnographic spirit how human character is shaped by the environment (*Aer.* 24, 246.2 Jouanna = 2.88.4 L.), while at *Epid.* 6.5.2 (106.1–2

⁶⁹ Already by the time of Diocles, according to Galen (fr. 109 van der Eijk; see however van der Eijk 2015, 16 on the limitations of this source); see Galen, *Loc. Aff.* 3.9–10 (VIII.185–90 K.) on *melancholia*, and Rufus fr. 38–41 Pormann on this ‘hypochondriac type of *melancholia*’. See van der Eijk (2015) on the class of ‘hypochondriac’ diseases.

⁷⁰ For which, see Jouanna (2013) 103.

⁷¹ Even producing a representative bibliography on ψυχή is a hopeless task. But see for religious and cultural representations the classic Rohde (1890–94); Onians (1951); Renehan (1981) on ψυχή and σῶμα; Bremmer (1983); on poetic representations Clarke (1999); Sullivan (1995, 1997, 1999, 2000); Padel (1995) *passim*; Frede (1992) on philosophical views (Plato and Aristotle); recently Stefanelli (2010) 139–85; Bartoš (2015) 165–229 on *Regimen*; Cairns (2014b) 11–30 for an analysis in terms of ‘metaphor’.

⁷² Jouanna (2013) 104.

⁷³ See Pigeaud (1981/2006) 31–2, and *passim*.

⁷⁴ See pp. 126–7, 402–5 below.

⁷⁵ A contrasting example of such ‘psychological’ meaning is found in Diocles fr. 183a van der Eijk (labelled ‘dubious’ by the editor), where a prognostic sign for disturbance in the chest is described as ἀηδῶς ἔχειν τὴν ψυχὴν, ‘unpleasantness in the mind/soul’, which seems to indicate distress of a psychological nature.

Manetti–Roselli = 5.314.14–15 L.) the ψυχή is a feature of human nature that grows and wears out just as the body does, ἀνθρώπου ψυχή αἰεὶ φύεται μέχρι θανάτου. Various other occurrences take for granted body–soul, σῶμα and ψυχή, as a continuum in the living animal, and use the expression ‘departure of the ψυχή’ or similar idioms to mean death.⁷⁶ In *Regimen*, however, the term ψυχή and the concept ‘soul’ are central, in the full philosophical sense of both the life principle and the seat of the faculties, as well as being involved with aspects of subjectivity such as dreams. This text assigns a central role to the ψυχή as a principle of vitality, reasoning and mental life in living beings. At *Vict.* 4.89 (222.29 Joly–Byl = 6.648.19–20 L.), where the meaning of dream content for the health of the soul is analysed, we are told that ‘whenever the heavenly bodies wander about, some in one way and others in another, it indicates a disturbance of the soul arising from anxiety’ (ψυχῆς ταραξίς ... ὑπὸ μερίμνης).⁷⁷ In this passage, an expression comparable to a ‘disorder of the soul’ is used in association with an emotional state, worry or anxiety (μερίμνα) within a broader description of the states of health, including mental health, on which dreams might shed light. Comparable is the description of the change caused by drunkenness in *Flat.* 14 (122.7–8 Jouanna = 6.112.6–7 L.), where μεταπίπτουσιν αἱ ψυχαὶ καὶ τὰ ἐν τῇσι ψυχῇσι φρονήματα, ‘the *psychai* and the thoughts ... change’ and the person forgets his present worries and becomes hopeful. Here too the ψυχή appears to be the locus and instrument of mental life (φρονήματα) conceived as subject to disturbance in both its cognitive and its emotional activities.

A conceptualisation of the ψυχή can be present even if not linked to a psychiatric theory. A few passages point in this direction. *On Humours*, for example, offers an account of aspects of life that fall under the control or domain of the ψυχή (*Hum.* 9, 168.3–13 Overwien = 5.488.15–490.8 L.):⁷⁸

Intemperance of the soul in drink and food, in sleep and in wakefulness, either for the sake of certain passions or love of dice or for the sake of one’s craft or through necessity. Endurance of toil and the regularity or irregularity of such endurance. Changes, from what situations into which. From moral characteristics: diligence of mind, whether in inquiry or practice or

⁷⁶ In *Int.Aff.* 27 (166.2 Potter = 7.236.21 L.); *Int.Aff.* 39 (200.15 Potter = 7.262.9–10 L.); *Int.Aff.* 39 (202.9 Potter = 7.262.23 L.); 40 (204.10–11 Potter = 7.264.19 L.) and *Morb.* 1.5 (12.13 Wittern = 6.148.2 L.).

⁷⁷ I thank Hynek Bartoš for this suggestion. The expressions τάρασσω/τάραγμα and cognates become idiomatic with reference to the disturbed soul in philosophical authors (e.g. Epicurus *On Nature*, fr. 34.21–2 Arrighetti), discussed by Ahonen (2014) 197.

⁷⁸ See Pigeaud (1981/2006) 44–5 on this passage. I take *On Humours* to belong to the very end of the fifth century; see Overwien’s edition (2014) 115–19; Craik (2015) 129–34.

sight or speech, or something else, for example, griefs, passionate outbursts, desires. Accidents grieving the mind, through vision or hearing or the mind. How the body behaves: when a mill grinds and teeth are set on edge; or legs shake when one walks on a cliff; or one's hands shake when one lifts a load one should not lift. The sudden sight of a snake causes pallor. Fears, shame, pleasure, pain, passion and so forth. To each of these the body responds by its action. In these cases there are sweats, palpitation of the heart and the like.

ψυχῆς ἀκρασίη ποτῶν καὶ βρωμάτων, ὕπνου, ἐργηγόριστος ἢ δι' ἔρωτάς τινας ἢ κύβους ἢ διὰ τέχνας ἢ δι' ἀνάγκας. καρτερίη πόνων καὶ ὧντινων τεταγμένη ἢ ἄτακτος. αἱ μεταβολαί, ἐξ οἷων ἐς οἷα. ἐκ τῶν ἡθέων· φιλοπονίη ψυχῆς ἢ ζητῶν ἢ μελετέων ἢ λέγων ἢ εἴ τι ἄλλο, οἷον λῦπαι, δυσοργησαί, ἐπιθυμίας. τὰ ἀπὸ συγκυρίης λυπηήματα γνώμης ἢ διὰ τῶν ὁμμάτων ἢ διὰ τῆς ἀκοῆς καὶ διὰ τῆς γνώμης. οἷα τὰ σώματα· μύλης μὲν τριφθείσης πρὸς ἑωυτὴν ὀδόντες ἡμώδησαν, παρά τε κρημνὸν παριόντι σκέλεα τρέμει, ὅταν τε τῇσι χερσὶ τις, ὧν μὴ δεῖται, αἶρη, αὐταί τρέμουσιν. ὄφιν ἐξαίφνης ὀφθεῖς χλωρότητα ἐποίησεν. οἱ φόβοι, αἰσχύνη, ἡδονή, λύπη, ὀργή, τᾶλλα τὰ τοιαῦτα. οὕτως ἑνακούει ἐκάστω τὸ προσήκον τοῦ σώματος τῇ πρῆξει. ἐν τούτοισιν ἰδρῶτες, καρδίης παλμός, τὰ τοιαῦτα.

In this passage, even with its unclear syntax and lack of theoretical rigour, we find a sketch of the domain of the ψυχή that brings together ethical/evaluative aspects, emotional responses to sensory perception, behaviours and life-style (at the start) and various physical expressions, from sweat and heartbeat to trembling (at the end) as corporeal manifestations of the state of the soul.

Unlike the other kinds of theory of mind discussed above, which are present across more than one text, an account of the ψυχή and its variations comes to us through only one source, *Vict.* 1.35 (150.29–156.18 Joly-Byl = 6.512.20–522.16 L.). According to this passage, whose stated topic is ‘the so-called intelligence of the soul and lack thereof’ (περὶ δὲ φρονήσιος ψυχῆς ὀνομαζομένης καὶ ἀφροσύνης, 150.29 Joly-Byl = 6.512.20 L.), there are six possible ‘constitutions’ of the ψυχή dependent on six different blends of fire and water within it.⁷⁹ Corresponding to these are different types of ‘mind’, with varying cognitive capacities, emotional responses and even something that resembles a view of ‘character’ associated with each of the six make-ups.⁸⁰

These five theoretical accounts of mind differ in fundamental ways, even if they are not always in open and irreducible contradiction with

⁷⁹ For the tradition of the constituents of the soul, see Klibansky, Panofsky and Saxl (1964/1990) 39–54; Bartoš (2015) 185–91; Betegh (2006) on what he calls the ‘portion’ model in the tradition about the soul; Jouanna (2007b/2012) for a discussion from Empedocles to *Regimen*.

⁸⁰ See pp. 402–4 for commentary on this famous and difficult passage.

one another. This theoretical variety is not reflected, however, in a similar variety in the manifestations of insanity and mental life described in our texts; in ancient medicine, the two remained on separate conceptual levels. Theories may be invoked as explanatory or prognostic tools to assess the mental health of a patient; thus in *Morb. Sacr.* 14 and *Vict.* 1.35, the state of the physiological ‘seat’ of the mind explains and predicts the mental states and faculties of the individual. They may also be invoked in association with mental disturbance, so that a concussion of the head or various sorts of suffocation are associated with mental impairment, i.e. when mental disturbance is associated with a clear locus of affection. But these are only a small fraction of the information on mental health and disorder in our sources. Much more common are descriptive accounts of mental life and suffering that appear completely disconnected from explanatory models and are instead integrated into the overall narrative of patients’ physical suffering. Here the choices of signs and behaviours are strikingly convergent, despite the fact that the underlying theoretical explanations diverge so much. Theory and observation of pathological manifestations are ultimately different spheres, which may intersect but are determined by different epistemologies and interests. This is a radical difference from modern approaches to mental life and disorders, in which aetiology, description and therapy are expected to form a coherent narrative.

1.2.1.2 *Eudaimonistic and Evaluative Aspects*

A controversial issue, but still important in the conceptualisation of mental suffering today, is the role played by ethics and values. A concept of mental health or a diagnosis of mental disorder, one might argue, should also imply a value judgement, as suggested for example by Hughes in a comparison between ancient Methodist positions and modern psychiatric discussions.⁸¹ Statements regarding mental health also include, to some extent, an evaluation of states with reference to what a ‘good life’, i.e. a life worth living, happy and morally sound, might be. These values are necessarily culturally given and change from context to context, which makes ‘diagnosis in the field of mental health [for ever] defeasible’.⁸² But they are surely more relevant to the actual life of the human beings involved than the matching of standards of cognitive performance or biological functioning.

In the history of views of insanity in the modern West, the concept of deviance from the accepted norm often came close to associating the

⁸¹ Hughes (2013).

⁸² Hughes (2013) 58.

madman with the transgressor, the wicked, the dangerous, in a way that is deeply planted in the common consciousness, a process for whose exposure Foucaultian criticism deserves credit. European medical culture was aware of and interrogated itself about this association early on; Büchner's Woyzek is perhaps the best incarnation of the working-class mad rogue, in whom social and logical marginalisation become a single thing.⁸³ Madness is thus revealed to be only the easiest and most malleable form of political and social exclusion of certain individuals from the community of the nominally good and worthy. 'Crimes' such as alcoholism and homosexuality were – and sometimes continue to be – ascribed to mental pathology as well, on the basis of a similar incorporation of values into the definition.⁸⁴

The evolution of DSM has attempted to exclude values from its definition:⁸⁵ 'socially deviant behaviour (e.g., political, religious or sexual) and conflicts that are primarily between the individual and society are not mental disorders unless the deviance or conflict results from a dysfunction in the individual'.⁸⁶ The earlier version of this passage was criticised as lacking validity already in Wakefield's seminal 1992 discussion of what a (mental) disorder is. Wakefield argues for a definition that incorporates the concept not only of a *dysfunction* (biological failure) but one that is (perceived as) *harmful* (thus subjectively and socially framed). Values accordingly remain at the centre of the current debate, even if underplayed in official DSM taxonomy.⁸⁷

In ancient discussions of mental health, aspects of value – flourishing, eudaimonia and ethical soundness – are found outside our texts and become fully embedded in medical notions of health and mental health from Plato onwards. Philosophical notions of health and care for one's soul enter an important dialogue with the medical tradition in this later period. In medicine, the extent of the encounter is most evident in Galen's reflections as a 'philosopher–doctor'. The well-being of the soul becomes part not only of a medical discourse but also of an ethical training, and is targeted through philosophical therapy.⁸⁸ This aspect is absent from our

⁸³ Foucault's analysis of the case of Pierre Rivière (1973) addresses fundamentally the same issues. See 'Mad, bad or themselves victims' in Porter (1991) 182–97 for modern cases of diminished responsibility pleas and the border between legal deviance and insanity.

⁸⁴ See Busfield (2011) 15–16, 26–7, 37, 106–7 on deviance, 111–19 on the 'anti-psychiatric' critique and its shortcomings, 124–6 on the examples of alcoholism and homosexuality.

⁸⁵ See Busfield (2011) 27.

⁸⁶ DSM-V (2013) 20.

⁸⁷ On this topic, see Wakefield (1992a); (1992b) 374, 375–7, 380–1, 386.

⁸⁸ As evident in Galen's *De Erroribus* and *De Indolentia*. See Singer (2014a) for discussion of these texts; Gill (2010) 243–80, (2013); recently Ahonen's survey of ancient philosophical views on mental disorder (2014); Singer (in press), Devinant (in press), Gill (in press), Polito (2016).

sources,⁸⁹ from which eudaimonistic evaluation and ethics are entirely excluded. As we shall see in [Chapter 5](#), affects and emotions (grief and joy, hope, anger and fear), when considered part of clinical portrayals, are naturalised and physiologically framed. No consideration of the health of the patient in a wider eudaimonistic or ethical frame is offered, and the references (few in number) to emotional and existential facts in relation to personal flourishing seem impoverished in comparison with the depth of ethical reflection elsewhere in the period.⁹⁰

1.2.1.3 *The Manifestations of Insanity*

Most of our material is a survey of mental signs, the concrete manifestations of madness. This comprises three levels, proceeding from the general to the particular: diseases; terminology of general insanity; clusters of signs.

1.2.1.3.1 *'Mental Diseases': The Problem of Taxonomy* We live in an age in which taxonomy in psychiatric matters remains a critical problem; the main instruments of classification available are increasingly regarded with diffidence (see DSM-IV-TR, and the already much criticised DSM-V).⁹¹ Nosological definitions pose a theoretical problem from the start. Is essentialism the correct underlying assumption – labels are covers for an essence – or is nominalism – labels are correct only insofar as they are embodied in a patient?⁹² Psychiatric taxonomy is all the more difficult and complex because it is not, or not generally, based on biological data, but to an important extent on culture-dependent, representational and subjective assessments that seem to make 'fuzziness' and indeterminacy a constitutive part of their nature.⁹³ On the other hand, DSM classifications, reproducing in their structure, as they do, an epidemiological model,⁹⁴ struggle to accommodate precisely these features of 'epistemological fuzziness'.

⁸⁹ Pigeaud speaks here of a 'silent agreement', 'L'accord, tacite, est le suivant: l'âme [intended as ethical-spiritual locus of identity] appartient au philosophe et le corps au médecin' (Pigeaud 1981/2006, ix); a similar remark regarding ethics in *Regimen* is made by Bartoš (2015) 217–22, and more generally on the Hippocratics at 175; 184.

⁹⁰ Compare any surviving tragedy; outside poetic texts, Democritus, for a medical and ethical approach (on which Kahn, 1985, esp. 24; Warren, 2006, 100).

⁹¹ Cf. Cooper (2004); Frances (2009, 2010, 2011); Simon (2013) and Hughes (2013). Veith (1957) is still useful for a historical survey of the concept of 'psychiatric nosology' and what modern taxonomies owe to it.

⁹² With reference to the ancient world, see Clark (1993) 12–13 on labelling theory and ancient mental disorder.

⁹³ Kendler (2005) speaks of a necessary 'explanatory pluralism' in psychiatry and in support of a form of 'patchy reductionism', whereby biomedical explanations are integrated with other models in a complex account of each case of illness. See Kutschenko (2011a) and the concept of 'epistemic hub', the need for an accepted heterogeneous interface of different criteria in widely adopted classification systems.

⁹⁴ Busfield (2011) 2, 17 '[psychiatric classification] follows medicine in using a particular type of categorical model, developed in the nineteenth century from infectious illnesses, where a specific

Classifications currently in use (ethnically and culturally rooted in the Western world) have come increasingly under fire. One objection has emerged as particularly urgent, that of the excessive inclusiveness of categories, which brings about a medicalisation of normality, as painful life experiences of disharmony or grief are turned into labelled diseases deserving treatment. Second, the theory of classification has been seen to be based on descriptive criteria at the expense of others, mainly the causative/theoretical (what is the origin of the disorder?) and the evaluative (how does the concept of a mental disorder relate to notions of happiness and human flourishing?).⁹⁵

1.2.1.3.2 *Hippocratic 'Mental Diseases'?* When we transfer this issue to our texts, problems and cautions only multiply. Notwithstanding the absence of any clear psychiatric labelling in the sources, scholars opted for different taxonomies from early on: Nasse, focusing on *insania secundum libros Hippocraticos*,⁹⁶ recognises the categories of *mania* (with subtypes and *gradus*), *melancholia* (with subtypes, such as *hysterica*, *daemonomaniaca*, *panica*) and *amentia* (with *amnesia* and *imbecillitas*); Wittern, for 'classical antiquity', mentions '*mania*, *melancholy*, *epilepsis*, *hypochondria*, *hysteria*, suicidal tendency, confused thoughts, hallucinations, *idée fixe*, affective disorders and delirium';⁹⁷ Gourevitch lists as 'great nosological entities' across Graeco-Roman antiquity *phrenitis*, *lethargy*, *mania* and *melancholy*;⁹⁸ Enge's dissertation on Hippocrates, Celsus and Aretaeus isolates in each of them *epilepsis*, *phrenitis*, *melancholy* and *mania*;⁹⁹ Drabkin proposes a 'scheme of classification' developed from the Hippocratics to Galen 'with primary acute forms' (with fever, *phrenitis*, *lethargus*) vs. 'primary chronic forms' (without fever: *mania* and *melancholia*);¹⁰⁰ Pigeaud lists *phrenitis*, *manie*, *hydrophobia* and *melancholy*;¹⁰¹ Ahonen proposes (outside of *mania*,

micro-organism provides the basis for differentiating each illness, and is associated with a distinctive cluster of symptoms ... the model assumes that there are a set of discrete disorders, each either present or absent in the individual, who is either a case or is not, and contrasts with the dimensional model that usually underpins concepts like distress where individuals are located on a continuum'.

⁹⁵ See Hughes (2013) 41–3.

⁹⁶ Nasse (1829), see prospect at 43–4.

⁹⁷ Wittern (1991) 4–5 ('versucht man [die Geisteskrankheiten im CH] mit den Kategorien der modernen Psychiatrie zu erfassen, so lassen sich mit aller Vorsicht, die bei derartigen Identifizierungsversuchen immer geboten ist, die folgenden benennen: Manie, Melancholie, Epilepsie, Hypochondrie, Hysterie, Suizidneigung, verwirrtes und wahnhaftes Denken, Halluzinationen, fixe Ideen, affektive Störungen und Delirien'), my translation.

⁹⁸ Gourevitch (1983b) 8–14, my translation.

⁹⁹ Enge (1991).

¹⁰⁰ Drabkin (1955) 226.

¹⁰¹ Pigeaud (1981/2006) 70–138.

melancholy and *phrenitis*) ‘*lethargy, satyriasis, nightmares, “hysteric” complaints, epilepsy and hydrophobia*’.¹⁰² Each taxonomy contains some truth; all contradict one other to some extent; and all omit much of the available material on mental life and its disturbances.

If we think of our material as located on a continuum between pathology and sanity, as stated at the onset, and not as constituting a neat pathological field, only an effort of idealisation would allow the isolation of ‘mental diseases’ as a core object of analysis.¹⁰³ It is nonetheless useful to note the diseases our texts isolate as νόσοι (although this is neither the whole picture nor its core).¹⁰⁴

Phrenitis is the only instance in our writings in which a straightforwardly mental *nosos* can be identified: at *Morb.* 1.30 (86.19–88.13 Wittern = 6.200.11–23 L.) derangement appears substantial to *phrenitis* and is situated in the affection of the blood caused by bile (‘for the blood in human beings has the greatest part in understanding’, τὸ αἷμα τὸ ἐν τῷ ἀνθρώπῳ πλεῖστον συμβάλλεται μέρος συνέσιος).¹⁰⁵ The disease is not clearly associated, however, with a specific location of the ‘mind’ – the φρένες – in the brain (or membranes of the brain), the heart (as in Erasistratus and Praxagoras, respectively) or the diaphragm (and the region around the heart, as in Diocles¹⁰⁶). There are a few partial exceptions. At *Morb.* 3.9 (Potter 76.20–3 = 7.128.5–9 L.), *phrenes* are mentioned (those affected by *phrenitis* are said to feel pain in the *phrenes*, τὰς φρένας ἀλγέουσιν), but no localisation of mental faculties is involved and the information is given no prominence. Likewise in *Aff.* 10 (1.14–19 Potter = 6.218.9 L.), *phrenitis* is explained as due to an overflow of bile into the inward parts and the *phrenes* (πρὸς τὰ σπλάγχνα καὶ τὰς φρένας), but with no specific localisation of mental functions in this portion of the body. On the other hand, the discussion of the type of ‘sacred disease’ that hits young virgins in *Girls* (*Virg.* 1, 22.23–4 Lamī = 8.468.5–8 L.) refers to blood flooding into the *kardiē* and *phrenes* as causing derangement; this

¹⁰² Ahonen (2014) 24.

¹⁰³ A problem Lloyd (2007) discusses instructively in Chapter 4 on emotions, esp. 65. Matentzoglou (2011) uses contemporary psychiatric concepts to assess the Hippocratic sources on mental health with much consideration of the problems of retrospective diagnosis.

¹⁰⁴ Notoriously, medical writers of a later age (from Celsus onwards) conceptualise a rich list of disorders that involve the mind: *mania, melancholia, phrenitis*, of course, but also others. I refer here to the Hippocratic nosological treatises (*Morb.* 1, 2, 3 and a small portion of 4; *Aff. Int.*; *Aff.*; *Mul.* 1 and 2; *Acut. (spur.)*).

¹⁰⁵ Cf. also *Aff.* 10 (18.14–20.11 Potter = 6.216.21–218.12 L.), *Morb.* 1.30 (86.19–88.13 Wittern = 6.200.11–23 L.); 1.34 (92.7–18 Wittern = 6.204.5–14 L.); *Morb.* 3.9 (76.20–9 Potter = 7.128.5–15 L.).

¹⁰⁶ Diocles fr. 72 van der Eijk, Erasistratus and Praxagoras in *An. Par.* 1.2.1–21, Aretaeus *De Causis et Signis Acut. Morb.* 1.1 (92.26–9 Hude).

area (*topos*) of the body, the chest, is said to be ‘critical towards derangement and *mania*’ (ἐπικαιρος ἔς τε παραφροσύνην καὶ μανίην). The disease in question, however, is not *phrenitis*. Nor is that disease at issue at *Acut. (spur.)* 1 (68.11–12 Joly = 2.396.1 L.), where the text mentions a symptom of παραλλάξεις φρενῶν, which is obviously mental; the disease in question here is instead a less precisely specified καῦσος, ardent fever. Finally, at *Prorrh.* 2.9 (244 Potter = 9.28.18–19 L.) the mention of the φρένες as a function that can be impaired (τὶ κακὸν ἔχουσιν) appears in a discussion of the sacred disease, without a certain mental connotation. Indeed, the author of *Sacred Disease* devotes a section to refuting the idea that the mental faculties should be located in the *phrenes* (or the *kardiê*: *Morb. Sacr.* 17 (30.3–17 Jouanna = 6.392.6–19 L.). In sum, when *phrenitis* is discussed, the *phrenes* are either not mentioned or not openly associated with the mental sphere; rather, they are treated as a bodily part, the diaphragm. Only in later authors does a localisation of the disease become a prominent part of the discussion, with or without an etymological association with the meaning of *phrên/phrenes*. Anonymus Parisinus mentions that Erasistratus, Praxagoras and Diocles localise the affection in the meninx, heart and diaphragm respectively, in obvious correspondence – for him – with their ‘theories of mind’, thus taking *phrenes* as metaphorical expression to indicate the seat of mental life (1.1–3 Garofalo); Galen refers to the localisation in the diaphragm implied by the name of the disease as a mistake by the ancients (δοξασθῆναι τοῖς παλαιοῖς, *Loc. Aff.* 5.4, 8.331 K.) and opts instead for a localisation in the brain (*Loc. Aff.* 3.7, 8.166–7 K.); Caelius Aurelianus refers to the ‘mind’ (*nomen ... a difficultate mentis ... phrenas enim graece mentes vocaverunt*, *Acut. Morb.* 1.4, 24.1–3 Bendz). In the Hippocratic texts, however, the aetiology of the disease and the association with *phrên/phrenes* are neither unanimous nor entirely clear. Prominent and recurrent in the description of the disease are signs of cognitive impairment, compulsive hand movements and delirious talk in a context of high fever and other physiological complaints.¹⁰⁷

The ‘sacred disease’ is in many ways the fundamental paradigm of mental disorder, even though here too the physiological aspect is preponderant.¹⁰⁸ Not only in the treatise *De Morbo Sacro* dedicated to the disease, but also whenever

¹⁰⁷ For extensive accounts of the history of this disease, from the Hippocratic texts to the later tradition, see Byl and Szafran (1996); McDonald (2009).

¹⁰⁸ See Lo Presti (2013). On the sacred disease, see the classic Temkin (1945) for a broad historical account; Lo Presti (2008) for a discussion of the epistemological contexts of the treatise and relevant theories of the mind at work in it.

a 'sacred disease' (ἱερὴ νόσος, or τὰ ἐπιληπτικά, ἡ ἥρακλειή νούσος¹⁰⁹ or simply ἡ νόσος) are mentioned, serious mental disturbance is implied. In this case, the manifestations and the (encephalocentric) theory of mind are strongly associated. But several of the signs characterising an epileptic attack (eye disturbance, trembling and spasms, inability to walk or stand, foaming at the mouth) are included among the signs of mental suffering generally.¹¹⁰

In addition, in a number of diseases found in the nosological treatises a mental aspect is regularly involved: diseases of the head (νοῦσαι αἱ ἀπὸ τῶν κεφαλῶν; βλητός),¹¹¹ λήθαργος,¹¹² παχύ,¹¹³ τέτανος¹¹⁴/ὀπισθότονος,¹¹⁵ τύφος,¹¹⁶ the syndrome of suffocation (πνίξ and related phenomena, especially in female patients, connected to movements of the womb¹¹⁷); φονώδης;¹¹⁸ a syndrome of φροντίς, 'worry/anxiety' (*anxiété*, in Jouanna's translation), with various elements of psychological distress (fear, loathing, love of darkness).¹¹⁹

¹⁰⁹ 1.7 *Mul.* = 8.32.23 L.

¹¹⁰ Compare the description of the air stoppage in the vessels at *Acut. (spur.)* 7 (71.8–14 Joly = 2.406.5–11 L.).

¹¹¹ See *Morb.* 2.12–25, where various affections of the brain or head cause mental signs and visual impairments; one of these diseases is called βλητός, *Morb.* 2.8 (139.1 Jouanna = 7.16.5 L.); 2.25 (158.10 Jouanna = 7.38.19 L.; *Morb.* 3.3 (72.10–19 Potter = 7.120.17–122.4 L.): the patient is 'hit' with a pain in the forehead, with consequent feeling of powerlessness and numbness in the body. The term is also associated with a disease that affects respiration: at *Acut.* 17 (43.2–6 Joly = 2.260.7–262.2 L.) these patients are clearly said to be τὴν γνώμην βλαβέντες, and the origin of the name is brought back to the ancients, οἱ ἀρχαῖοι: 'the ancients thought such sufferers "stricken", because after death the side of their body is found to be livid, as if a blow had been received'; and in a development of *peripleumonia* at *Coac.* 394 (200.16 Potter = 5.672.4–8 L.).

¹¹² *Morb.* 2.65, *Morb.* 3.5, a potentially deadly disease with coughing and drowsiness, nonsensical talk and sleepiness/powerlessness (φληρεῖ, *Morb.* 2.65, 204.4 Jouanna = 7.100.2 L.; ὀδυνατεῖ, *Morb.* 3.5, 74.1 Potter = 7.122.19 L.).

¹¹³ A 'thick disease' that can take various forms (*Int.Aff.* 47–50, 226.15–242.7 Potter = 7.280.18–292.15 L.); the version described at 48 arises from bile and causes derangement and rich hallucinatory experiences.

¹¹⁴ *Morb.* 3.12 (80.3–9 Potter = 7.132.5–17 L.), awry-looking eyes; *Acut. (spur.)* 37 (85.20–1.22 Joly = 2.468.10–11 L.), an association of *tetanus* with melancholic aspects ('affections de la bile noire', with Joly, or 'melancholic air in the vessels', on Potter's interpretation).

¹¹⁵ *Morb.* 3.13 (80.15–28 Potter = 7.132.18–134.7 L.), *opisthotonus* has several mental aspects and is said to make patients somehow manic or melancholic (ἡ μανικοί τι ἢ μελαγχολικοί).

¹¹⁶ *Int.Aff.* 39; 43. *Typhus* indicates different cold fevers (described in *Int.Aff.* 39–41, 200.1–210.18 Potter = 7.260–70.21–270.6 L.) that can be accompanied by mental affection (*Int.Aff.* 39.39, 200.1–202.14 Potter = 7.260–2.21–264.4 L.).

¹¹⁷ Suffocation of the womb (ὕστερική πνίξ) is a composite phenomenon of female physiology that begins with a displacement of the womb among the organs within the central body cavity and that regularly involves mental disturbance, as described extensively in *Diseases of Women* 1 and 2 (8.10–406 L.).

¹¹⁸ *Morb.* 2.67, a 'malignant disease' whose signs include 'distress and talking nonsense', δυσθετεῖ καὶ φληρεῖ (205.22 Jouanna = 7.102.8 L.).

¹¹⁹ *Morb.* 2.72 (211.15–212.10 Jouanna = 7.108.25–110.13 L.). Potter (326.6) corrects φροντίς to φρενίτις against ΘΜ, which seems unmotivated.

Finally, mention should be made of two terminological clusters that later become popular in descriptions of mental insanity, and already were in part in the classical era: affections of the sphere of *mania* and *melancholia*.¹²⁰ I discuss the problems posed by these terms extensively elsewhere,¹²¹ with detailed reference to the medical use of this vocabulary. It suffices here to note that *μάνινομαι* and cognates (*μάνιη*, *μανικός*) appear to indicate a state of mental disturbance, at times with some suggestion of violent, ‘hyper’ derangement, as opposed to slower, depressive states; but no statement firmer than this regarding the meaning on this group is allowed by our fifth- and fourth-century medical sources. There is no sense that *μάνιη* could entail a nosological entity similar to what will be conceptualised by later medical writers (Celsus, Aretaeus, Caelius Aurelianus, Anonymus Parisinus). Diocles is reported by Anonymus Parisinus to have described *μανία* as heating without fever (fr. 74 van der Eijk), but this may be a reflection of the nosological outlook of the Anonymus rather than Diocles’ own category. For the group of terms related to *melancholia* (*μελαγχολικός*, *μελαγχολία*), the situation is more problematic, since unlike *mania* this appears to be a clearly technical concept and is not as common outside the medical environment.¹²² Nonetheless, what dominates in our sources is the adjective *μελαγχολικός*, with reference to people, constitutions and pathological states,¹²³ while *μελαγχολία* appears only three times in the corpus.¹²⁴ Scholars have discussed at length the value of this evidence for an archaeology of the concept of *melancholia* as psychiatric disease.¹²⁵ However persuaded one may be by Jouanna’s claim of the existence of a firmly established concept of *μελαγχολία* already before the early treatises (in particular the occurrence at *Aer.* 10, 217.9–10 Jouanna = 2.50.11–12 L.), the use of terminology belonging to this group does not clearly suggest a prominently mental disease by that name in our sources. τὸ μελαγχολικόν

¹²⁰ Cf. *Aph.* 3.22 (406.5–8 Magd. = 4.496.4–8 L.), which closes its list of diseases with ἐπιληψία καὶ τὰ μανικά καὶ τὰ μελαγχολικά.

¹²¹ Thumiger (2013a).

¹²² Or surely not as much as *mania*, which is used freely in the vocabulary of tragedy and lyric poetry, as well as in prose and medical texts. Uses of the verb *μελαγχολάω* in Sophocles (*Tr.* 573) and Aristophanes (*Av.* 14; *Eccl.* 251; *Plut.* 12, 366, 903; see Kazantzidis 2011, 28 on these) might be self-conscious technicalisms and humorous uses of ‘psychobabble’ vocabulary.

¹²³ Not necessarily and explicitly mental: at *Acut. (spur.)* 37 (85.20–2 Joly = 2.468.10–11 L.), phlebotomy can be the right therapy given the presence of ‘melancholic air in the vessels’ (ἀπὸ μελαγχολικῶν διὰ φλεβῶν πνευμάτων).

¹²⁴ *Aer.* 10 (216.9–10 Jouanna = 2.50.12 L.) ἐνίοισι δὲ καὶ μελαγχολία; *Aph.* 3.14 (3.14.7 Magd. = 4.492.6 L.) ἦν δὲ βόρειον ἢ καὶ ἀνυδρον ... ἐνίοισι δὲ καὶ μελαγχολία; *Morb.* 1.3 (8.13 Wittern = 6.144.12 L.) κέδματα, μελαγχολία, ποδάγρα, ἰσχιάς, τεινισμός.

¹²⁵ Jouanna (2007a/2012) 232–4; see Thumiger (2013a) 63–70 for a summary of the question and its relation to the development of the ideas of bile, black bile and related diseases, and ‘black’ disease.

is used just as often without an explicit mental connotation, and when the affliction is mental, the term is used in a way that seems interchangeable with *μανία* and related terms. When comparing this picture with the unique and striking piece of evidence on melancholy represented by the pseudo-Aristotelian *Probl.* 30.1 (276.1–294–40 Mayhew=953a10–955a40) one cannot help but notice the absence both of the elaborate nosological concept, and of any ethical and personal quality to it in the earlier sources.¹²⁶ The peripatetic author of *Probl.* 30.1, on the other hand, traces a rich profile of the melancholic patients: they are often, if not always, ‘extraordinary’ in intellectual terms (*περιττοί*, 276.10 Mayhew= 953a10); their character traits are said to offer variations between two extremes, one of ‘apoplexy or torpor (*νάρκας*) or spiritlessness (*ἀθυμία*) or fear (*φόβος*)’ and one of ‘high-spiritedness with song (*τὰς μετ’ ὥδης ἐυθυμίας*) and insanity (*ἐκστάσεις*)’ (Mayhew 284.21–286.26 = 954a21–6). They may be ‘sluggish and stupid’ (*νωθοὶ καὶ μωροί*), or ‘subject to *mania*, as well as clever, erotic, and prey to strong drives and desires’ (*μανικοὶ καὶ εὐφυεῖς καὶ ἐρωτικοὶ καὶ εὐκίνητοι πρὸς τοὺς θυμούς καὶ τὰς ἐπιθυμίας*, Mayhew 286.31–286.34 = 954a31–4).

1.2.1.3.3 Unspecified Insanity After diseases or syndromes that appear to have an innate mental component, the next level is ‘unspecified insanity’, indicated by terminology of mental disturbance. This terminology poses many problems of translation and interpretation. Two issues are at stake: the difficulty of assigning precise meaning to ancient terminology for mental disturbance, and how to map this language onto our own similarly controversial and loaded terminology of insanity.

Regarding the first point, our texts use the following fundamental vocabulary to refer to mental disturbance in a general, unspecified way:

παράνοος, ἀγνοέω, ἄγνοια, παρανοέω, παράνοια, (οὐ) κατανοέω;
 ὑπομαίνομαι, μανιώδης, μανικός, ἐκμαίνω, μανία, μαίνομαι;
 παραφρόνησις, ὑποκαταφρονέω, σωφρονέω, ἄλλοφρονέω, ἀφρονέω,
 ἀφροσύνη, ἔκφρων, φρόνιμος, ἄφρων, ἔμφρων, φρονέω, παραφροσύνη,
 παραφρονέω;
 ἐκστάσις, ἐξίσταμαι;
 παράφορος, παραφέρομαι;
 ἐπιληρέω, ὑποπαραληρέω, λήρησις, ὑποληρέω, ληρέω, παραληρέω,
 παραλήρησις, λήρος, παράληρος;

¹²⁶ See below, pp. 57, 224–5, 226, on *Probl.* 30.1. On this extraordinary text, see van der Eijk (2005) 139–68; 160–7 on the psycho-physical and moral elements in it, and their agreement with Aristotelian doctrine.

ὑποπαράκρούω, παράκρουσις, παρακρουστικόν, παρακρούω;
 παρακοπή, παρακόπτω;
 συνήμι, σύνεσις and συνετός/ἄσυνετος.¹²⁷

Aside from indications of degrees (for example, terms marked by the suffix ὑπο- or modified by adverbs), these terms are all translatable into English with expressions indicating unspecified madness such as ‘be deranged’, ‘mad’, ‘delirious’, ‘out of oneself’, ‘raving’, ‘furious’ or ‘insane’. Indeed, all these terms are used by various translators, sometimes with an effort to maintain a one-to-one correspondence between ancient and modern terms, sometimes interchangeably, in a problematic fashion.¹²⁸ The question can only be addressed in the wider frame of the formation of a ‘technical vocabulary’ in the Hippocratic texts, in which creativity, reduplication and aggregation into clusters of terms (not only mental terms) are characteristic.¹²⁹ Second, we must consider the context of each narrative instance; these terms gain differential meaning by interacting with one another, typically within individual patient cases.

Despite the problems posed by this vocabulary, it constitutes the first element of evidence for reconstructing how mental disorder is understood and represented; these words, at least, can be safely taken as signalling an episode or context perceived by the author as associated with mental disturbance. Although there are possible objections on a methodological level to taking contiguity of terms and concepts as evidence for an association – one could argue that simple proximity in a pathological account can be determined by many factors, including chance – the frequency of certain associations should be regarded as significant. Since crocydism, compulsive plucking with the fingers, and insanity terms appear always to be associated, for example, it is legitimate to interpret the first as occurring in the context of the second in our sources.¹³⁰

¹²⁷ For a full discussion, see Thumiger (2013a).

¹²⁸ I discuss these issues in detail in Thumiger (2015a). McDonald (2009) 34–5 offers a fitting critique of Jones’s confidence in the existence of a ‘ranking’ of such ‘symptoms’ (using another anachronism). On Galen’s belief in the existence of a clear classification in Hippocrates’ language based on *In Hipp. Epid. III* 1.2 (1.15–2.1 Wenkebach = XVIIa.481.8–482.1 Kühn), see also Thumiger (2015a) 1–2. See Padel (1995) Chapter 2, 13–33; Chapter 12, 121–6 on madness words and expressions; also remarks in Vaughan (1919) 25.

¹²⁹ See Lanza (1968) 94–6; Schironi (2010) 340–1 on the creation of technical prose and its language.

¹³⁰ In recent times, different research projects have been developed with precisely the aim of replacing old-fashioned ‘lexical research’ (which finds e.g. insanity every time the word *μανία* occurs) with versions of ‘concept search’ based on ‘clouds of meaning’. This methodology appears to be more true to how concepts are constructed and communicated through texts (i.e. not only literally, through a token word, but also diffusely through imagery, relevant motifs and associated notions) and generally in line with a pragmatic rather than semantic approach to language. It

1.3 The Problem of Vocabulary

The second difficulty is mapping ancient vocabulary for unspecified insanity onto modern vocabularies. In most languages there are series of words to describe experiences of mental suffering. As work in disability studies has long argued,¹³¹ choices of vocabulary for impairing pathologies are never neutral; the English 'disability' conveys a different world of implications from the German 'Behinderung', the first being about the capacities of the individual, the second about the 'hindering' effects of the world on him or her. For mental impairment, contemporary spoken English also has a varied, layered vocabulary that comprises neologisms (e.g. schizophrenia); old terms that have gained new technical significance (e.g. insomnia or paranoia); what were once new terms, or old terms accepted within the technical terminology, that have been dismantled by professional psychiatric discourse (e.g. hysteria, mania, stress); and expressions bearing the stamp of a specific doctrine (e.g. subconscious) or so general as to appear almost meaningless (distress, lack of balance). Busfield neatly summarises the generally accepted boundaries of this terminology as far as the psychiatric domain is concerned, and it is useful to summarise her points here. 'Disease' and 'illness' usually indicate temporary forms of disorder, and are synonymous, although the latter sometimes implies a stronger physiological base.¹³² Alternatively, from a sociological perspective, the biological state can be defined as 'disease' and the social one, the experience of disease, as 'illness' (as we have seen in Kleinman¹³³). 'Mental disorder' has less of a medical connotation and a wider span (including e.g. retardation, personality disorders and forms of disability), with no implication regarding

is not only philology and cultural studies that benefit from this kind of approach; comparable (with due caution) instruments for 'text analysis' have been recognised by clinical psychologists as useful in assessing the information given by patients based on 'discourse analysis' and 'computer based text-analysis' (see the important work of Kächele and his team in Kächele et al. 2009; Kächele 2011).

¹³¹ See discussions in Goodey (2011); Laes et al. (2013a, 2013b), Laes (2014, 2016a). Important questions on the DSM-IV definition of disorder as 'statistically unexpected distress or disability' are posed by Wakefield (1992a), (1992b) 379–81, who explores the concept of disorder in relation to that of 'harmful dysfunction'. See also Hughes (2013); Simon (2013); van der Eijk (2013) 308.

¹³² Definitions of disease are also an area of debate (on which, see Cooper 2002). I should point out that what I am avoiding applying to our text is 'disease' not in this extended application 'to refer to all pathological conditions' (thus Cooper 2002, 264) but in the narrow sense, as an impairing condition characterised by the presence of recurrent traits: recognisable aetiology, development, characteristics and outcome.

¹³³ Kleinman (1980) 72–5, who stresses, however, that only if we take them as 'explanatory concepts, not entities' (73) 'representing relationships' (with Engelhardt's formula), can 'illness' and 'disease' be useful labels.

cause or curability;¹³⁴ all the entities mentioned above are qualified as ‘psychological’ or ‘psychiatric’, depending on the preferred discipline. Finally, Busfield proposes using the term ‘distress’ (‘psychological’, ‘emotional’) to indicate the subjective experience of madness.¹³⁵

The labels ‘mental disease’ or ‘mental illness’ intended as discrete entities (with a known causation and course and a non-permanent quality) are thus of little use for the material we are dealing with. I do not use ‘psychiatry’ (and related terms) in the course of this book, except to refer to later medical authors who discuss certain diseases *qua* mental. I use the term ‘psychological’ in only a few cases, with qualified reference to ancient theories of the *psychê* or in contexts in which personal experience is foregrounded (e.g. emotional aspects, relationships, character), or to discuss modern psychological theory or literary interpretations. I have adopted the terms ‘mind’ and ‘mental’ as the best neutral expressions for my topic, avoiding ‘soul’ and ‘psyche’ because of their metaphysical implications. In speaking of pathology, I avoid ‘disease’ intended as an idealised nosological entity, and use ‘illness’ in Kleinman’s sociological sense, ‘mental impairment’, ‘insanity’ and ‘disorder’ – the last to indicate a more construed state of mental pathology. I also use ‘syndrome’ on occasion as a milder alternative to ‘disease’ for items such as *melancholia*, since it accommodates a degree of individuation as a nosological entity without positing a firm definition. For subjective psychological data I also use the term ‘distress’. I have avoided any term that might evoke technical authority – psychosis, paranoia, schizophrenia, insomnia, mania, bipolar, amnesia, depression and the like – except with careful qualification, and I try as much as possible to describe in plain terms the experience at issue. When I mention currently recognised psychiatric entities, I refer for convention’s sake to the latest version of DSM.¹³⁶ I have opted instead for everyday terms such as insane, mad, deranged, raving, delirium and the like, trying as much as possible to maintain a close reference to the Greek in order to leave the

¹³⁴ The WHO offers the following definition: ‘Mental disorders comprise a broad range of problems, with different symptoms. However, they are generally characterised by some combination of abnormal thoughts, emotions, behaviour and relationships with others. Examples are schizophrenia, depression, mental retardation and disorders due to drug abuse. Most of these disorders can be successfully treated’ (www.who.int/topics/mental_disorders/en/, accessed 20 September 2013). The DSM-III-R’s definition of disorder as ‘statistically unexpected distress or disability’ is challenged by Wakefield (1992a) on grounds of validity, as he argues for the need to insert ‘harmful dysfunction’ within the definition (see also Lloyd 2007, 104 on some of these issues, and 157). Curability is also an issue in current classifications, which seem to set aside forms of mental suffering that cannot be cured (e.g. congenital mental disability).

¹³⁵ Busfield (2011) 12–14.

¹³⁶ DSM-V (2013).

nuances of vocabulary adopted by our texts in evidence; I give the names of individual diseases in italics when they are directly transliterated from the Greek (e.g. *melancholia*) as opposed to common concepts, whether medical or historical (e.g. ‘melancholy’, ‘epilepsy’). I generally avoid the term ‘symptom’, a modern notion that is unhelpful for ancient texts, and adopt instead ‘sign’ for the various manifestations of mental suffering. I use ‘symptom’ only to highlight specific cases in which subjective perception is explicitly reported.

1.4 Clusters of Signs

Guided by the general terminology of insanity listed above, we can search our texts for a recurring pattern, a checklist, so to speak, of signs that appear repeatedly in ‘mental’ associations. These signs form narratives that are both consistent across texts and broadly plausible for modern Western audiences, whether patients or psychiatric operators, such as disorderly movement of the hands; crying and laughing; screaming and suffering from random fears. They are also plausible in terms of what modern practitioners recognise as ‘mental disturbance’. Both elements add to the validity of the signs. Some of the physical manifestations we see, in fact, are listed as belonging to a ‘somatic symptom disorder’ (as in DSM-V: including ‘illness anxiety disorder’ and ‘conversion disorder’) or as vegetative disorders (abnormalities of basic biological processes, vegetative functions: e.g. breathing, eating, sleeping).¹³⁷

Occasionally our sources offer a clear statement regarding the relevance of these signs. In *Acut.* 42 (Joly 54.2–15 = L. 2.312.5–314.10), for example, the author describes the consequences of an ill-advised change from fasting to gruel:

Troubled sleeps befall these patients, in consequence of which the disease is not concocted, and they become despondent, peevish and insane; flashes of light come to the eyes; their ears are full of noise; their extremities are chilled; urine is unconcocted; sputa thin, salty, slightly tinged with an unmixed colour; sweating about the neck; disquietude; respiration interrupted in the ascent of the breath, rapid or very deep; eyebrows somewhat dreadful; distressing faints; casting away of the clothes from the chest; trembling hands; in some cases in addition the lower lip shakes. *When they manifest themselves at the beginning, these are indicative of a delirium that is violent, and usually the patients die.*

¹³⁷ See below, p. 6 n. 141, for definitions of ‘validity’ and ‘reliability’.

ἀγρυπνίαι τε συμπίπτουσιν αὐτοῖσι, δι' ἃς οὐ πέσσειται ἡ νοῦσος, περίλυποί τε καὶ πικροὶ γίνονται καὶ παραφρονέουσι, καὶ μαρμαρυγώδεά σφενον τὰ ὄμματα καὶ αἱ ἀκοαὶ ἤχου μεσταί· καὶ τὰ ἀκρωτήρια κατεψυγμένα καὶ οὖρα ἄπεπτα καὶ πτύσματα λεπτά καὶ ἄλυκα καὶ κεχρωσμένα ἀκρήτῳ χρώματι σμικρὰ καὶ ἰδρώτες περὶ τράχηλον καὶ διαπορήματα καὶ πνεῦμα προσπταῖον ἐν τῇ ἄνω φορῇ πυκνὸν ἢ μέγα λίην, ὀφρῦες δεινώσιος μετέχουσαι, λειποψυχώδεα πονηρὰ καὶ τῶν ἱματίων ἀπορρίψεις ἀπὸ τοῦ στήθεος καὶ χεῖρες τρομώδεις, ἐνίοτε δὲ καὶ χεῖλος τὸ κάτω σείεται. ταῦτα δ' ἐν ἀρχῇσιν ἐπιφαινόμενα παραφροσύνης δηλωτικά ἐστι σφοδρῆς, καὶ ὥς ἐπὶ τὸ πολὺ θνήσκουσιν·

We find here a full repertoire of details labelled as παραφαινόμενα παραφροσύνης δηλωτικά ... σφοδρῆς, 'indications of the violence of delirium'.¹³⁸ They are recognised as elements that belong under the umbrella of signs of παραφροσύνη, mental disorder, as almost a category: sleep, depressed mood, emotional trouble, visual distortion, sweating, rapid breath, facial signs and pathological behaviours.¹³⁹

Similar implications come from *Epid.* 1.23 (199.15–18 Kühlewein = 2.670.5–9 L.), which offers a list of items 'to be observed':

From the custom, mode of life, practices and age of each patient, [data expressed by] words, manners, silence, thoughts, sleep or absence of sleep, nature and time of dreams, pluckings, scratchings, tears.

ἐκ τοῦ ἔθους, ἐκ τῆς διαίτης, ἐκ τῶν ἐπιτηδευμάτων, ἐκ τῆς ἡλικίας ἐκάστου, λόγοισι, τρόποισι, σιγῇ, διανοήμασιν, ὕπνοισιν, οὐχ ὕπνοισιν, ἐνυπνίοισιν, οἷοισι καὶ ὅτε, τιλμοῖσι, κνησμοῖσι, δακρύσιν.

Here too a group of heterogeneous details that also recur in clinical portrayals of insanity appear to be accepted as part of a common category.

Guided by these two indicators – the presence of a vocabulary of madness and of clusters of recognisable signs that can be retrospectively interpreted as mental – I explore the following phenomena in the chapters to come.¹⁴⁰

¹³⁸ My emphasis on σφοδρῆς as predicative here follows the comment in Galen (*Comm. Hipp. Acut.* 2.45, 206.16–19; 207.3–5 Helmreich = XV.603–4 K.), who describes the mental affection under discussion as a *τοραχή* and a *most dangerous* (κινδυνωδέστατον) sign.

¹³⁹ Characteristically for our texts, the distinction between sign and overarching psychiatric or nosological entity is unstable; in this way, among the indicators of παραφροσύνη is the fact that the patients παραφρονέουσι. What most interests us is the sense of coherence among signs, here in association with παραφροσύνη; Galen (*Comm. Hipp. Acut.* 2.44, 203.22–204.12 Helmreich = XV.597–98 K.) readily interprets these aspects as συμπτώματα of the affection of the gastric area overloaded with humours.

¹⁴⁰ Matentzoglou (2011) 97–155 divides her discussion of psychopathology in the *Epidemics* books into the following categories: cognitive disturbance; sensory disturbance; disturbances of the 'thinking

In [Part I](#), I discuss the ‘body of the insane’, i.e. the mentally ill patient as observed and perceived from outside. This includes observable signs such as behaviours, movements, postures and facial traits that define mental suffering in our texts ([Chapter 2](#)) and signs belonging to the more integrated vital sphere: food and drink, sleep, sex and, as we shall see, death ([Chapter 3](#)).

Next, I discuss the ‘mind’ of the insane ([Part II](#)), i.e. the subjectivity of mental suffering to the extent that our texts allow us to access it. This includes sensory perception in its various forms: hearing, sight, smell and touch, perception of the body, balance and consciousness ([Chapter 4](#)), and those (at least partly) conscious mental processes that make up human personality: the emotions, the way one thinks, reasons and speaks, memory – what is for us classic domain of the ‘mental’ ([Chapter 5](#)).

There is considerable overlap between these areas, and like all organisations, this is a working one, serving a primarily practical purpose. The signs and aspects comprised in the four categories listed above are never presented as making up a neat, individually circumscribed category ‘mental illness’, let alone ‘mental disease’; hence the methodological caution I apply throughout this study. The recurrence of the signs analysed testifies to the ‘reliability’ of my claim for relevance, that is, but not to its ‘validity’,¹⁴¹ which can only be established by reference to key terms of mental pathology and a comparative leap towards contemporary psychiatric views and perceptions of mental life.

1.5 Some Paradigms for Mental Disorders in the Hippocratic Texts

In contrast to disease taxonomy, value-laden assessments and theories of causation, some general paradigms exist against which it is instructive to

processes’; mood disturbance; speech disorder; behavioural disturbance; sleep disorder (‘Störungen der Kognition; Wahrnehmungsstörungen; Gedächtnisstörungen; Affektstörungen; Störungen des sprachlichen Ausdrucks; Verhaltensstörungen; Störungen von Schlaf und Bewusstsein’). What is missing from her account is what we claim to be the richest part – the visible body of the insane. Clark (1993) 58–69; 395–8 for a list of ‘general’ signs’ that overlaps in many ways with our results.

¹⁴¹ It is useful to apply here the scientific parameters of ‘reliability and validity’ used in current scientific language to evaluate research (e.g. medical). On McHugh and Slavney’s explanation with reference to psychiatry (1986, 4, quoted by Kleinman 1991, 10–11), ‘reliability’ is ‘verification of observations ... the consistency with which one can make an observation’, i.e. transferred to the world of cultural studies, that in our texts a certain view is indeed generally reproduced. ‘Validity’ is instead ‘verification of presumptions ... of the categories themselves’. Thus, since I claim that in our texts insanity is often seen as e.g. an impairment in speaking faculties, I must both collect enough evidence across different independent contexts (or texts, in our case: ‘reliability’) and demonstrate that in the frame of these contexts (texts) I am analysing impairment in speaking is indicative of mental disorder in the first place (‘validity’). See also Busfield (2011) 18–19 for a more extended illustration.

measure the experience of insanity in our texts. These return in the more detailed discussion later in the book, but should be summarised now.

Suggestions of ‘bipolarism’. Some of our texts contain hints regarding an opposition between two seminal ‘types of madness’ that evokes contemporary models of ‘bipolarism’¹⁴² (the distinction between forms of ‘manic’ and ‘depressive’ episodes or disorders; the existence of a ‘cyclothymic disorder’¹⁴³). This distinction is not clearly spelt out as a bifurcation. What is nonetheless recognisable is a tendency, a potential way of looking at manifestations of variations in mental health as generally falling under a ‘manic’ or ‘fast’ definition, or under a ‘depressive’ or ‘slow’ one. The passage that comes closest to a clear classification in the pathological realm is *Morb. Sacr.* 15 (27.7–10 Jouanna = 6.388.13–16 L.), where an opposition is offered between individuals who are ‘maddened by phlegm’ (μαῖνομενοι ὑπὸ φλέγματος) and those who are ‘maddened by bile’ (μαῖνομενοι ὑπὸ χολῆς). The former are described as noisy, aggressive and active, the latter as quiet and passive. To transfer this opposition to a stable opposition of manic and melancholic would be misleading, as the two terminological groups are often difficult to distinguish in our sources. A melancholic quality is directly associated with what appears to be long-lasting depression (fear and despondency) in *Aph.* 6.23 (453.1–2 Magd. = 4.568.11–12 L., ἦν φόβος ἢ δυσθυμία πολλὸν χρόνον ἔχουσα διατελεῖ, μελαγχολικὸν τὸ τοιοῦτον). In addition, there is the extraordinary discussion of melancholic characters in *Probl.* 30.1, where the author describes two symmetrical effects of black bile, for him an uneven and unstable bodily humour: one apparently manic and heightened, and one sluggish and spiritless, as we mentioned above (284.21–286.26 Mayhew = 954a21–6).¹⁴⁴ Outside these two examples, however, no characterisation of *melancholia* as depressive is preserved before the time of Celsus.¹⁴⁵ At *Epid.* 6.8.31 (192.1–194.2 Manetti–Roselli = 5.354.19–356.1 L.), we read that the conditions of epileptic and melancholic patients tend to evolve into one another: ‘the melancholic tend to become epileptic as well for the most part, and the epileptic melancholic’ (οἱ μελαγχολικοὶ καὶ ἐπιληπτικοὶ εἰώθασιν γίνεσθαι ὥς ἐπὶ τὸ πούλῳ, καὶ οἱ ἐπιληπτικοὶ μελαγχολικοί), which suggests some form of co-morbidity and a complementarity between two diseases with a mental

¹⁴² See Jouanna (2013) 101–8 on ‘binary madness’ in the Hippocratics and Plato; van der Eijk (2013) 324 notes the reverberation of the binary division of *anoia* in the *Timaeus* in that of *akrasia* in Arist. *EN* 7. See Sassi (2013) 422–3 for hints of bipolar disorder in Pl. *Tim.* 71c–d.

¹⁴³ Cf. DSM-V (2013) 124, 139–40.

¹⁴⁴ See p. 50.

¹⁴⁵ See Thumiger (2013a) 62–4 for a summary and bibliography on the issue.

quality. As already noted, *Vict.* 1.35 (150.29–156.18 Joly-Byl = 6.512.20–522.19 L.) offers a discussion of different types of soul, ψυχή, each with characteristic flaws and virtues. Binary schemes seem to emerge here: slow and quick, dull and sharp, stable and inconstant feature in connection with the different proportions of fire and water that characterise each soul. Elsewhere in the clinical texts, it is suggested that delirium and mental disturbance might happen sometimes ἀτρεμέως (without trembling/movement) and κοσμίως (in an orderly, calm manner), and the opposite is given; in the portrayal of patients, a pattern of stillness and silence, on the one hand, and of shouting, hyperactivity and throwing oneself around, on the other, sometimes emerge.

The quality of gradualism is a more complex elaboration of the possibilities that bipolar states imply. In the sources, the suggestion seems to be advanced that degrees, levels and qualities of mental health can be established.¹⁴⁶ Again, there is no explicit statement regarding the existence of a πλάτος, a ‘latitude’ of health like the one Galen later asserts in more general terms.¹⁴⁷ Nonetheless, certain aspects in the descriptions of mental disturbances reveal an attempt to overcome the traditional literary (mostly tragic) representation of insanity as instantaneous and total possession, in respect to which one is either mad or not. The Hippocratic authors construct a more nuanced view. The most telling sign is linguistic, and the language of the treatises is rich in ‘grading’ devices that employ adverbs and compounds to convey ranks and levels of disturbance and health (not only mental). Especially in the cases described in *Epidemics* 1–3, the Hippocratic vocabulary is extremely rich in ὑπο- compounds, particularly in the case of terms related to mental disturbance.¹⁴⁸ Across our texts, we find terms such as ὑποφρονέω, ὑποκαταφρονέω and ὑπολυσσέω, as well as a rich modification of pathological terms with expressions for chronological or qualitative degree (μάλιστα, παντῶς, σφόδρα, σμίκρα).¹⁴⁹ This applies especially to insanity in the characters who populate the cases. When we turn to texts outside the *Epidemics*, the theory exposed in *Vict.* 1.35, with its six blends of fire and water typifying the various ψυχαί, is again instructive.¹⁵⁰ Every change in the proportion of one element in relation to the other

¹⁴⁶ See Clark (1993) 8 on this distinction of degree in Greek culture when it comes to madness, quoting Dover (1974) 126–7 on the same point, a ‘quantitative distinction’ on such matters.

¹⁴⁷ *De ST* 1. 4 (8.2 Koch = VI.12.11 K.); see Thumiger (2016a) on this.

¹⁴⁸ See Lichtenhaer (1994) 121 on these features of ‘Steigerung’.

¹⁴⁹ See Thumiger (2015a) 2 n. 2, 15. Herodotus reveals a fondness for such compounds when he discusses insanity, suggesting medical influence; compare ὑπομαργότερος (Hdt. 3.29.1; 6.75.1).

¹⁵⁰ On ‘modes and degrees’ in this text, see van der Eijk (2011) 262–3.

engenders different mental characteristics, with variations of degree; those who possess a certain blend of soul, for example, are said to be ‘half-mad’, ὑπομαινέσθαι, and various other qualities are modulated in each kind of soul in similar ways. Yet another categorisation is found at *Coac.* 97 (126.3–4 Potter = 5.604.2–3 L.), where we read of the severe nature (κάκισται) of ‘derangements that concern necessities (περὶ ἀναγκαῖα)’. This is yet another possible level, insanity that (as I interpret the passage) impacts basic physiological functions, as opposed to less harmful forms of deviation from the norm. Adverbial expressions may introduce further modalities, as at e.g. *Epid.* 7.112 (112.8–9 Jouanna = 5.460.10–11 L.) ‘[the patient] was deranged in a phrenitic manner’ (παρέκρουσε τρόπον φρενιτικόν).

Distinction in temporal pace, and the partially super-imposable category of acute vs. chronic ailment, are another useful paradigm. The bipartition between acute and chronic diseases becomes standard in later nosology, as is evident from the titles and categories in the treatises of Celsus, Aretaeus, Anonymus Parisinus and Caelius Aurelianus, but was clearly known to the author of the Hippocratic *Regimen in Acute Diseases*, although no specific discussion or definition of acute in opposition to chronic is found there. As Garofalo points out, acute diseases are not originally conceived in opposition to chronic ones; the emphasis is instead on their gravity and the danger they pose to life.¹⁵¹ With reference to insanity, some passages suggest duration and chronicity in mental disturbance as opposed to circumscribed episodes of insanity: *Aph.* 6.23 (touched on earlier), discussing *melancholia* (453.1–2 Magd. = 4. 568.11–12 L., ἦν φόβος ἢ δυσθυμία πολὺν χρόνον ἔχουσα διατελῇ, μελαγχολικὸν τὸ τοιοῦτον), suggests a lasting impairment (πολὺν χρόνον). We also find references to the psychological make-up or enduring character of patients: a woman described as δυσάνιος, ‘difficult’ (*Epid.* 3.17 case 11, 241.4 Kühlewein = 3.134.2 L.), for example, or the persistent pathological mental traits implied by the description of ill maidens in *Girls*, point towards a condition that is not acute, even if not chronic, and that is resolved by natural physiological maturation and timely sexual intercourse; or the case of Parmeniscus, who was ill for a long time, alternating depressed suicidal thoughts with better spirits (καὶ πρότερον ἐνέπιπτον ἀθυμίαι καὶ ἡμερος ἀπαλλαγῆς βίου, ὅτε δὲ πάλιν εὐθυμία, *Epid.* 7.89, 103.6–8 Jouanna = 5.446.7–8 L.).¹⁵² At

¹⁵¹ See Garofalo’s edition of *Anonymus Parisinus* (1997) vii–viii.

¹⁵² The narrative in this case adopts a longer time frame, but it also includes episodes: ποτε ... καὶ πάλιν, ‘once ... and again’; διατελέως, ... ἡμέρης ὅλης καὶ νυκτός ‘continuously ... all day and night’.

Prorrh. 1.26 (77.16–78.1 Polack = 5.516.9 L.), we find instead a reference to acute insanity: ‘derangements that are fierce for a short time are most aggressive’ (αἱ ἐπ’ ὀλίγον θρασέως παρακρούσιες, θηριώδεις).¹⁵³ All these passages suggest the possibility of complexity in the time frame of mental disturbance, although the acute always dominates.

The possibility of latency. It is often noted that madness is conceived in action in the classical era and is acted out, externalised rather than introverted, and this remains a generally fair representation.¹⁵⁴ Alternating states of mental health and insanity are variously represented in the cases in the *Epidemics* as part of the course of the illnesses, but there is no conceptualisation of a potential or disposition to mental illness, nor any sense that such illnesses could sometimes be imperceptible. In later texts, there are interesting indications of insanity with an intermittent, possibly latent character: the pseudo-Aristotelian *Mirabilia* 31–2 (832b22–5, which might preserve material from the lost *Περὶ παραφροσύνης* by Theophrastus¹⁵⁵) contains a report of an intriguing case: ‘They say that a wine seller in Tarentum went mad at the night, but during the day sold his wine, for he kept the key of his room at his girdle, and, although many tried to get it from him and take it, he never lost it.’¹⁵⁶ Such a phenomenon, in

¹⁵³ See also *Coac.* 84 (124.1–2 Potter = 5.602.5–6 L.), 151 (138.20–1 Potter = 5.616.5–6 L.), 241 (160.27–8 Potter = 5.636.13–14 L.).

¹⁵⁴ A shift towards the interior, hidden, unavailable to communication begins to emerge towards the end of the age of the great tragedians, as in Euripides’ *Bacchae*, I suggest in Thumiger (2007), esp. 71, 111, 150–3, 201. Toohey (2004) 15–58 locates a similar shift, which he conceptualises as one towards introverted forms of distress, ‘*melancholia* and depression’, later, in the first century BCE. The attempt to locate these cultural changes with chronological precision is futile in itself, but such interpretations do underline a generally perceived shift in how mental life is represented after the classical era. Padel (1995) 30–1 and more extensively 23–44; she defines our century, with a reversed perspective, as one ‘in love with the latent’ (32). Holmes (2010) 15 n. 53 departs from this view by positing that ‘symptoms are always belated’ and speaking of ‘the idea of imperceptible inner space’ in our material; she does not, however, specifically address mental life and health.

¹⁵⁵ 328.8 FHS&G; Flashar’s comment (1981) 83 with reference to *Mirab.* 31–2 (832b17–25).

¹⁵⁶ Trans. by Hett (1936), with adjustments: ‘This story is also told: a certain joiner was a skillful artisan while in the house, would measure, chop, plane, mortice and adjust wood, and finish the work of the house correctly; would associate with the workmen, make a bargain with them, and remunerate their work with suitable pay. While on the spot where the work was performed, he thus possessed his understanding. But if at any time he went away to the market, the bath or on any other engagement, having laid down his tools, he would first groan, then shrug his shoulders as he went out. But when he had got out of sight of his domestics, or of the work and the place where it was performed, he became completely mad; yet if he returned speedily, he recovered his reason again; such a bond of connection was there between the locality and his mind’ (καὶ ἐν Τάραντι δὲ φασιν οἰνοπώλην τινὰ τὴν μὲν νύκτα μαίνεσθαι, τὴν δ’ ἡμέραν οἰνοπωλεῖν. Καὶ γὰρ τὸ κλειδίον τοῦ οἰκήματος πρὸς τῷ ζωνίῳ διεφύλαττε, πολλῶν δ’ ἐπιχειρούντων παρελῆσθαι καὶ λαβεῖν οὐδέποτε ἀπώλεσεν). Aretaeus has a very similar case under the heading *mania* in *De Causis et Signis Diut. Morb.* 1.6 (42.20–9 Hude): μυθολογέται δὲ καὶ τόδε· τέκτων ἦδη ἐπὶ οἴκου μὲν σαφῶν ἐργάτης ἦν, μετρησάμενος ξύλον, κόψας, ξύσαι, ξυγγομφῶσαι, ἀρμόσαι, ξυντελέσαι δόμον νηφαλέως, τοῖσι

which a patient is generally healthy but also regularly prey to intervals of insanity, is absent from our texts. In only one case might a possibility of latency (meaning insanity disconnected from any behaviour or physical outcome) be mentioned; the passage is textually problematic but worth discussing nonetheless due to its exceptionality. At *Epid.* 4.55 (136.15–138.3 Smith = 5.194.7 L.), Littré reads ἄμα ἡσθένει τῇ ἑωυτοῦ γυναικί, τῇ κεκριμένῃ, μανικόν τι ἐνῆν, '[the patient] was ill at the same time as his wife, *who reached a crisis; there was some mania (in her)*'. Langholf proposes emending to ἄμα ἡσθένει τῇ ἑωυτοῦ, τῇ κεκρυμμένον μανικόν τι ἐνῆν,¹⁵⁷ '[the patient] was ill at the same time as his wife, in whom was some *hidden manic element* (my translation; 'welche latent manisch war' in Langholf's words). This reading, with its notion of a κεκρυμμένον μανικόν, is remarkable; as far as I can tell, this would be the only instance of such an idea in texts of this period.¹⁵⁸

Tangential to the idea of latency is a further distinction between innate disposition and acquired impairment. Were these concepts recognised in the time of our texts? Outside of the medical environment, there is a notable instance in Herodotus' portrayal of Cambyses, in which a distinction between innate and acquired mental disorder is spelt out (*Hist.* 3.33). Cambyses, whose acts of mad violence Herodotus has described in detail, may have been mad from birth: 'for they say that already from birth Cambyses had a certain severe disease, which some call the sacred disease; so it was not at all strange that, as his body was ill with such severe illness, his mind should not be healthy either' (καὶ γὰρ τινὰ καὶ ἐκ γενεῆς νοῦσον μεγάλην λέγεται ἔχειν ὁ Καμβύσης, τὴν ἱρὴν ὀνομάζουσί τινες. οὐ νῦν τοι ἀεικὲς οὐδὲν ἦν τοῦ σώματος νοῦσον μεγάλην νοσέοντος μηδὲ τὰς φρένας ὑγιαίνειν). There is thus some sense of a 'predisposition' to insanity through an innate epileptic condition, which explains Cambyses' murders

ἐργοδοτήσει ὁμιλῆσαι, συμβῆναι, ἀμεῖψαι τὰ ἔργα μισθοῦ δικαίου. ὅδε ἐπὶ μὲν τοῦ χωρίου τοῦ ἔργου ὥδε εἶχε γνώμης· ἦν δὲ ἐξίη κοτὲ ἐς ἀγορὴν <ἢ> ἐπὶ λουτρον, ἢ τινα ἐτέρην ἀνάγκην, τιθεὶς τὰ ὅπλα πρῶτον ἔστανε, εἴτα ἐπῆγε ὦμῳ ἐξιών· ἐπὶν δὲ ἀπῆλθε τῆς τε τῶν οἰκετῶν θέης καὶ τῆς τοῦ ἔργου πρῆξις καὶ τοῦ χωρίου, πάμπαν ἐξεμαίνετο· κῆν παλινδρομήσῃ, ταχὺ αὐθις ἔσωφρόνει. Καὶ ἦδε τοῦ χωρίου καὶ τῆς γνώμης ἡ συμβολή). See also Celsus on one of the typical 'tricks (*dolus*) of the insane', to pretend to be or act as if one was of sound mind: *neque credendum est, si uinctus aliqui, dum leuari uinculis cupit, quamvis prudenter et miserabiliter loquitur, quoniam is dolus insanientis est* (3.18.4 *De Med.* = 123.2–4 Marx). Cf. Gourevitch and Gourevitch (1980) 207–9, and Clark (1993) 51–6 on 'feigned madness'.

¹⁵⁷ Langholf (1977) 294.

¹⁵⁸ The concept finds only limited parallels in the examples quoted by Langholf (κρυπτοὶ καρκίνοι in *Aph.* 6.38, 455.6–8 Magd. = 4.572.5 L.), as well as *Mul.* 2.133 (8.282.12 L.), *Prorrh.* 2.11 (244.17–18 and 244.21 Potter = 9.32.5 and 9.32.8 L.), where the reference is to tubercles and cysts. The concept of a hidden insanity would be much more complex and noteworthy.

of his own family members and acts of impiety against the gods, acts that appear at first glance to be primarily the product of moral depravity.¹⁵⁹ Tragedy appears, at least in some cases, to elaborate on this possibility, especially in the Euripidean plays: his Heracles and Pentheus, on some interpretations, bear in themselves a seed of mental insanity waiting to be triggered.¹⁶⁰ In the medical texts, we find an acknowledgement of prodromic traits of insanity in patients on various levels: at *Prorrh.* 1.37 (79.6–7 Polack = 5.518.14–520.1 L.), for example, ‘pain in the thighs during fever has something deranged in it’ (τὰ κατὰ μηρὸν ἐν πυρετῷ ἀλγήματα ἔχει τι παρακρουστικόν). Female patients are a special category, as they are exposed by their gender and physiology to specific ailments with mental relevance, especially those on the spectrum of suffocation, ὑστερική πνιξ. The mix of constituents in the soul, which is understood to be innate, influences the health and capacities of the mind at *Vict.* 1.35, indicating an idea of the innate constitution of the soul and its capacities. *Prorrh.* 2.2 (220.19–220.5 Potter = 9.8.11–20 L.), by contrast, preserves an articulate discussion of the possibility of predicting insanity that include notions of predisposition, heredity and triggering.¹⁶¹

the reported predictions of such things as death, disease and madness in buyers and sellers have, I think, come to pass somewhat as follows – indeed, it was not at all difficult for a person who wants to make this sort of prediction to do so ... Further, cases of impending mental derangement are not very likely to escape one’s notice, if one knows in which persons *this condition is hereditary*, or which were ever mad before; for if these people

¹⁵⁹ See Giusti (1929) for a survey of medical interpretations of Cambyses’ pathology.

¹⁶⁰ On Heracles, see Wilamowitz’s reading that Heracles’ madness is alluded to as early as at lines 20–1 in the play, and that the hero is therefore insane since *before* Lyssa’s intervention, as his outburst of violent anger at 562–82 would show (Wilamowitz 1895, Vol. I 128ff., Vol. II 131–2); on Pentheus, Thumiger (2007) 64–6. In tragedy, heredity as the transmission of an ancient sin through the family line is the familiar narrative (the Atreids, the Labdacids, etc.). At Plato *Phdr.* 244d–e, this idea of *mania* determined by ‘disease or greater evils’ resurfaces in positive association with the process of purification it engenders in afflicted families: ‘moreover, when diseases and the greatest troubles have been visited upon certain families through some ancient guilt (ἀλλὰ μὴν νόσων γε καὶ πόνων τῶν μεγίστων, ἃ δὴ παλαιῶν ἐκ μηνιμάτων ποθὲν ἐν τισι τῶν γενῶν), madness has entered in (ἡ μανία ἐγγενομένη) and by oracular power has found a way of release (ἀπαλλαγὴν) for those in need, taking refuge in prayers and the service of the gods, and so, by purifications and sacred rites, he who has this madness is made safe for the present and the after time, and for him who is rightly possessed of madness, a release from present ills is found (λύσιν τῷ ὀρθῶς μανέντι τε καὶ κατασχομένῳ τῶν παρόντων κακῶν εὐρομένη)’ (trans. Harold N. Fowler).

¹⁶¹ Cf. also, with reference to the sacred disease, *Morb. Sacr.* 2 (10.11–12 Jouanna = 6.364.15 L.), where the author generalises, that ‘the disease begins, like in the case of other diseases (ὥσπερ καὶ τῶν νοσήματ), from an innate disposition (κατὰ γένος); and *Prorrh.* 2.5 (234.23–236.2 Potter = 9.20.16–19 L.) about hereditaryness in cases of *hydropisy*, *phthisis*, *podagra* and sacred disease.

give themselves over to drunkenness, or eat meat, or go without sleep, or thoughtlessly come into contact with cold or heat, the likelihood is great that from these courses of action they will become deranged.

ἃ δὲ τοῖσιν ὠνεομένοισι τε καὶ περναμένοισι λέγεται προρρηθῆναι, θανάτους τε καὶ νοσήματα καὶ μανίας. ταῦτα δέ μοι δοκᾷ τοιαῦτα γενέσθαι, καὶ οὐδέν τι δοκᾷ χαλεπὰ εἶναι προειπεῖν τῷ βουλομένῳ τὰ τοιάδε διαγωνίζεσθαι. ... ἔπειτα τοὺς παραφρονήσοντας ἐστὶ μὴ πολὺ λανθάνειν, εἴ τις εἰδείη οἷσι τὸ νόσημα τοῦτο ἢ συγγενές ἐστιν, ἢ πρόσθεν ποτ' ἐμάνησαν· εἰ γὰρ οὗτοι οἱ ἀνθρωποὶ οἰνόφλυγες εἶεν, ἢ κρηφαγοῖεν, ἢ ἀγρυπνοῖεν, ἢ τῷ ψυχῇ ἢ τῷ θάλπει ἀλογίστως ὁμιλοῖεν, πολλὰ ἐλπίδες ἐκ τουτέων τῶν διαιτημάτων παραφρονῆσαι αὐτούς.¹⁶²

Certain mental qualities or states of mental health are here clearly seen as intrinsic to particular individuals. We find nothing comparable to a concept of 'intellectual disability', a permanent mental malfunctioning; these concepts, familiar to us, are arguably a very recent creation.¹⁶³ On the whole, in our texts mental disorder is instead more often a deviation from what is normal for a person than a permanent or latent characteristic of the individual, as in the passage above from *Prorrhetikon* 2. This is evident in claims regarding the pathological nature of *unusual* behaviours: grinding the teeth, wailing or rudeness, for example, are bad when out of character for a specific patient.¹⁶⁴

Supposed aetiology is a shaping element in current mental disease classifications: biochemical, neurological, cognitive, psychodynamic, psychosocial and existential causations guide current understandings of mental diseases, their prognosis and their curability. In addition, modern taxonomies distinguish between primary and secondary affections, depending on causation; conversely, curability by and reaction to various chemical substances in some cases contribute to the creation of nosological categories.¹⁶⁵

¹⁶² See also *Morb. Sacr.* 5 (12.21–2 Jouanna = 6.368.11–12 L.) for innateness in sacred disease; *Epid.* 2.6.14 (80.9–10 Smith = 5.136.3–4 L.) on a category of patients 'who are cockeyed from birth' (ἐκ γενεῆς καὶ στρεβλοὶ) who are also 'witless, silly or manic' (ἀσύνετοι, ἡλιθίωντες ἢ μαινόμενοι), mentioned by Clark (1993) 276.

¹⁶³ On the inapplicability of the idea of disability in the domain of mental life in the premodern world, see Goodey (2011) 1–12; pp. 275–6 below. There are also external, material reasons for this absence: first the general lack of focus in these texts on states of permanent or chronic suffering and impairment explicitly considered as such, and second the practical fact that children with congenital deformities were eliminated ruled out the presence of a considerable number of mentally disabled adults in the population.

¹⁶⁴ Compare and contrast the articulate discussion and categorisation of manic and melancholic 'temperaments' offered by Aristotle (see Ahonen 2014, 92–101).

¹⁶⁵ See Hughes (2013) 41–5 on causes; Busfield (2011) 74–105 on 'contested causes' ranging from heredity, genetics, notions of 'chemical imbalance' and brain pathology, and social and familial adversity in the views on mental disorders held today.

In our texts, much attention is paid to causation. Certain mental disorders, such as fevers, are part of the make-up of illnesses; others are the consequence of trauma or are caused by intoxication from wine or another substance; some but not all are inherent to specific illnesses (like *phrenitis*, sacred disease) or specific physiological events (e.g. the accumulation of blood around the heart, the overflow of phlegm in the brain, pressure on the *hypochondrium*). No articulated, one-to-one (or even one-to-many) correspondence exists, however, between mental illness and relative cause. It would be fair to say that the question is not even posed as central, unlike in current medical approaches – nor, as a consequence, should it be made central to our discussion.¹⁶⁶

Therapy and curability. This category too, like aetiology, is fundamental to a modern understanding of mental illness, but does not receive dedicated space in our texts. This is perhaps one of the most striking differences from later discussions of mental diseases, which, in open cooperation with ethical philosophy, elaborate on ideas of a ‘medicine of the soul’ comprising talk therapy, moral instruction and emotional soothing alongside care for the body – a combination already evident in Celsus’ approach to mental illness and developed by Galen in his psychological writings.¹⁶⁷ In our texts, curability of mental suffering is not at stake, as a consequence of both the discounting of aetiology and the lack of a stable concept of mental disease; a cure is rarely mentioned with specific reference to the mental. Only scanty references can be found to contradict this picture, the most overt being the passage in *Loc. Hom.* 39 (74.19–23 Craik = 6.328.16–20 L.) in which treatment of mental suffering is discussed in detail: ‘to those who are troubled and ill and want to hang themselves (τοὺς ἀνιωμένους καὶ νοσέοντας καὶ ἀπάγχεσθαι βουλομένους) give mandrake root (μανδραγόρου ῥίζαν) to drink early in the morning, an amount less than would make them delirious (ἐλασσον ἢ ὡς μαίνεσθαι). A convulsion should be treated as follows. Keep fires lit on each side of the bed, and have the patient drink

¹⁶⁶ For an example of the centrality of aetiology as a prejudice in modern psychiatry, see the nineteenth-century survey in Nasse (1829) 47–54, who engages with a survey of causes in the Hippocratic corpus as a whole: *insania de causis remotis in universum; ex corporis morbis (febrem secuta; ex epilepsia; ex mensibus irregularibus; ex sanguine in mammis collecto; ex recuso lumbaginis; ex dolore inferiorum partium; ex vi rerum externarum ex usu radici veretri ex usu vini; ex frequentiore caloris usu; ex sanatione hemorrhoidarum); ex animi affectionibus*.

¹⁶⁷ See Entralgo (1970) 159–72 on the lack of the ‘therapy of the word’ in Hippocratic medicine. Van der Eijk (2013) discusses curability in ancient medicine, with 310–16 focusing on fifth- and fourth-century texts, for which he underlines the presence of curability only within an interconnection of mental and physiological disease. See Singer (2014b, 18–33; *in press*); Gill (2013) on philosophical therapy for mental disorder, which excludes our texts, (*in press*); Devinant (*in press*).

mandrake root in an amount less than would make him delirious; apply warm poultices to the posterior tendons'.¹⁶⁸ In *Vict.* 1.35 (150.29–156.18 Joly-Byl = 6.512.20–522.19 L.), finally, the description of each blend of soul is accompanied by precise regimen prescriptions to protect its health: the expression used is invariably 'it is convenient/it benefits [this kind of soul]' (συμφέρει); diet and lifestyle have an effect on some areas of the mental life of these individuals as a function of the state of their ψυχή. Later in the text, by contrast, additional ethical aspects of the individual are mentioned as impossible to cure through regimen: 'it is impossible to influence such things through diet' (οὐ δυνατόν τὰ τοιαῦτα ἐκ διαίτης μεθιστάναι, *Vict.* 1.36, 156.27 Joly-Byl = 6.524.3 L.).¹⁶⁹ Outside of these, there is no sense of a specific therapeutic methodology directed at mental suffering.¹⁷⁰

I now turn to a closer examination of our texts, beginning with the signs that can be observed on the body of the insane.

¹⁶⁸ This is also the only apparently primary mention of mental distress in a nosological context.

¹⁶⁹ On these, see below, [Chapter 5](#), p. 341, with discussion of the exceptional case at *Vict.* 2.89.

¹⁷⁰ Compare and contrast the comical list of attempts to cure the madness of Philocleon at Aristophanes' *Vesp.* 109–24, a parody easily understood by the audience: soothing him with words (115–17), rituals (119–20), incubation in the Asclepeion (121–4); hellebore is later evoked (1489).

PART I

The Body of the Insane

Why the body? It may seem surprising to begin an inquiry into mental health with the body not intended as a physiological base where psychiatric suffering originates, a take familiar from the biological approaches to mental health that dominate contemporary medical practice. Rather, I intend to begin precisely with the body as visible item, as the place where mental health and insanity are exposed to the (primarily visual) perception of the medical observer. Mental health, in fact, remains for contemporary audiences largely identified with an invisible, non-physical level. Despite the much-discussed fallacy of the mind–body dichotomy and its inadequacy when discussing ancient medical ideas,¹ a failure of ‘mind’ within or affecting the ‘body’ remains the general frame of understanding, the inescapable metaphor by which we think of insanity. In the popular modern perception, madness and insanity evoke the realms of hallucination, troubled thoughts, distorted perceptions and uncontrolled emotions: disorders of the subjective self, not of the individual body seen from the outside. Whether we look at psychoanalytic self-narratives or neurological and biological models, the first and foremost conceptualisation of insanity is located on this invisible level, that of the thoughts and feelings of the affected individual. These have long been the main research areas in historical psychiatry; current developments in studies of embodied cognition are nowhere near affecting mainstream perceptions and are only slowly beginning to be noticed in the humanities.

A shift towards the concrete and externalised as antidote to the unreliability and evanescence of the accounts of mental life just described has long been a desideratum in this field of studies. The need for such a shift, however, has been largely addressed by acknowledging constructedness in the experience of insanity in a social and political sense – i.e. speaking of

¹ Especially Hippocratic; see Singer (1992) and Gundert (2000).

it as a 'role' played by an individual in the perception of the communities made an audience of and given authority over the insane.² In this way, a narrower individual subjectivity is merely replaced by a more diffuse social one, leaving the experience of insanity equally impenetrable to the historian.

I begin this study instead by looking at what is furthest both from the spirit and from social constructedness:³ the body and physical behaviour as perceived – primarily seen and heard – by an observer. Proceeding from the most to the least empirical aspect, in [Chapter 2](#) we shall look at the image offered by the body (the human face and its features, limbs and physical postures); then at the overall 'spectacle' offered by the body, a level of more complex interpretation (voice, behaviours, gestures); finally, on a more construed level, at the functions of the body as a whole, what Guardasole has called 'fisicità completa' ([Chapter 3](#)).⁴ This comprises the so-called vital (or vegetative) functions:⁵ sex (here discussed along with sexuality and gender), eating and drinking, sleep and death.⁶

Various facts justify this strategy and choice of topics. First, the notorious habit – striking to a modern reader – in classical medical texts of juxtaposing and combining physical observations with what today we would generally call psychological data. Mental annotations (e.g. concerning mood, reasoning abilities, and behaviours such as crying or shouting without motive) are never cast in isolation or considered as phenomena of independent relevance. The mental account is inseparable from the physical descriptions; it is in all respects part of them.

Second, the visible, perceptible 'body' (as opposed to an invisible, imperceptible 'mind') is prioritised in the ancient medical accounts to be analysed here. Some of the most remarkable reports on mental health

² In Foucaultian and post-Foucaultian approaches; see Porter (2002) 207–12 and Porter (1987) 14–15 for a fair assessment.

³ This is not to deny that the body is also an object of construction (on which see below); but there is more irreducible objectivity to the (largely consonant) bodily manifestations of insanity which the Hippocratic authors repeatedly note than there can ever be to notions such as 'conscience', 'anger' or 'delusion'.

⁴ Guardasole (2000) 183.

⁵ The definition in Walker et al. (1990): 'Vegetative functions are those bodily processes most directly concerned with maintenance of life. This category encompasses nutritional, metabolic, and endocrine functions including eating, sleeping, menstruation, bowel function, bladder activity, and sexual performance. These functions can be altered by a wide variety of psychologic states.'

⁶ The experiences of sex, sleep, nutrition and death, in fact, belong to physiology and dietetics, not primarily to the body 'seen and heard'. Reports on pathological behaviour in these areas (lack of appetite or refusal to eat or drink, as well as excessive intake; lack of sexual drive or sexual habits perceived as exceeding the norm) develop in later medical consideration into mental pathologies in their own right (see below, [Chapter 3](#)).

appear in the patient cases of the *Epidemics*. As a consequence, the very genesis of these texts and their 'report' format preserve primarily observations made by the physician during his visit, data to an important extent perceived through the senses. Visible and audible physical behaviours, first of all, and disruptions in the physiological functions of sleep, eating and sexual activity are registered *before* (chronologically and logically) the more construed and intangible aspects of illogical thought, distorted senses, depressive mood or out-of-character behaviour in which the Hippocratic physicians are also interested. If modern psychiatry would treat the first as 'symptoms' of the second – an underlying 'mental' state – this order is inverted in our sources.⁷

Third, there is the methodological objection to treating the body, in ancient literature and elsewhere, as a historical given and as such a safe and somehow neutral corollary to or container of the 'psychological'. This point has been abundantly engaged with by recent scholarship, and no study of mental life in cultural contexts can now ignore it;⁸ a view of the body as a constructed and meaningful part of the self, not as an objective *res* around which 'mind' shifts and struggles to gain clear status, is now predominant in cultural studies.

⁷ See Kuriyama (1999) 120–7 on the importance of sight (and other senses) in the Greek medical conceptualisation of the body; Jouanna (1999) 54 on Hippocratic observation through the senses. Sensory perception is central even when sight is accompanied by other senses or aided by reason: cf. *Off. Med.* 1.1 (3.272.2–6 L.) 'it is the business of the physician to know ... [things] which are to be seen, touched, and heard; which are to be perceived in the sight, and the touch, and the hearing, and the nose, and the tongue, and the understanding; which are to be known by all the means we know other things' (ὁ καὶ ἰδεῖν, καὶ θιγεῖν, καὶ ἀκοῦσαι ἔστιν ὃ καὶ τῇ ὄψει, καὶ τῇ ἀφῇ, καὶ τῇ ἀκοῇ, καὶ τῇ ῥινί, καὶ τῇ γλώσσῃ, καὶ τῇ γνώμῃ ἔστιν αἰσθῆσθαι); *Epid.* 6.8.17 (181.1–2 Manetti–Roselli = 5.350.3–4 L.) 'vision, hearing, nose, touch, tongue, reasoning arrive at knowledge' (ὄψις, ἀκοή, ῥίς, ἀφῇ, γλῶσσσα, λογισμός); at *Art.* 11 (237.4–17 Jouanna = 6.18.14–20.7 L.), reasoning is even conceptualised as vision as it explores 'hidden' diseases – the 'eye of the mind' (τῇ τῆς γνώμης ὄψει).

⁸ A shift in perspective towards highlighting the body as epistemologically and logically antecedent to the mind is in line with a larger revisionist wave in historical and cultural studies regarding body, mind and identity, even though no coherent account of ancient insanity in this frame has yet been offered. The importance of the body in ancient history today is impossible to escape: Kuriyama (1999), comparing ancient Greece and China; Osborne (2011), who goes as far as to posit the body, visual and conceptual, as the source on which (ancient) history 'is written': an object of historical interpretation, an item about which beliefs were constructed, as well as the body 'felt and sensed' (1); the analysis of Holmes (2010), advertising emphasis on the body as a key problem and construct within the history of ancient medicine, esp. 157–62 on mental suffering. Fögen and Lee (2009) look at 'bodies lived and imagined' as implicated in the 'issues of cosmic order and social organisation in classical antiquity'. In the introduction to the same volume, Ferrari (2009) 1–9 assesses the history of the body after Foucault's breakthrough statement that 'the soul is the prison of the body' and, building on anthropological theories, surveys the discussion in the field of ancient studies (1; Foucault 1975/1979, 30); see also Fögen (2009a) 11 for bibliography on the body in antiquity more specifically; and the earlier collections of essays in Porter (1998) and Montserrat (1998).

Fourth, developments in embodied cognition encourage us to understand body and mind as deeply integrated and interdependent.

Mindful of all these points, the present inquiry begins with the idea that our mind is biologically grounded in our body and our physical activities. As a consequence, when it comes to mental pathology, the body cannot be taken as a mere instrument of the mind or a surface on which symptoms of mental suffering emerge, but is the place where mental disorders most directly *are* for the observer. In the course of this chapter, I shall thus illustrate the claim that mental life and insanity are not necessarily 'psychological' in ancient sources, i.e. not necessarily linked to an idea of 'personal soul' or a theory of mind, especially in fifth- and early fourth-century medical texts, or to a non-physical sphere. This paradoxical claim will clarify itself as we proceed. In the richest 'stories of insanity' offered in the medical texts (especially the *Epidemics* cases, but also in nosological descriptions and other sources), a more or less fixed repertoire of physical affections and conditions regularly accompanies the terminology that explicitly denotes mental health. This repertoire of signs is presented by the physician in visual or auditory terms; no consideration for a purely subjective sphere (cognitive, emotional or sensory mental impairment) is established as the sole important, free-standing area of mental disturbance.

The Body Perceived

2.1 The Role of Vision in Assessing Mental Pathology

The emphasis on the body in the accounts of insanity under consideration here has a peculiar feature: the primacy of vision and image. The body of someone who is suffering mentally, unlike that of a patient suffering illnesses that place no emphasis on the mental sphere, is experienced and assessed in particular through the remote senses – vision (and hearing) – as opposed to taste, smell and touch. The latter three senses give the physician further access to the internal physiology of the body, but have no epistemological immediacy, requiring articulate interpretation (an image communicates a human condition by itself alone, whereas a smell does not).

When insanity in classical medical sources is compared with that in later (post-Hellenistic) accounts of mental disturbance, the change in emphasis from external, visual and auditory evidence to notions of impaired subjective functions (sensory, cognitive and emotional) in the later descriptions is striking. In the later discussions, physical symptomatology is one of many elements within a larger picture, sometimes even confined to a second rank. Take *mania*, for example. In an account by Celsus, a medical author who lived at the turn of the first century CE, 3.18 (126.12–16 Marx), we read: ‘the third kind of insanity is the most prolonged of all ... of this sort there are two species: for some are duped not by their mind but by phantoms ... others become foolish in spirit’ (*tertium genus insaniae <est> ex his longissimum ... ipsius species duo sunt: nam quidam imaginibus, non mente falluntur, ... quidam animo desipiunt*) – apparently referring to patients who have hallucinations or mistake the contents of their senses, like Orestes and Ajax, vs. those who are misled from ‘inside’ their mind, so to speak. Aretaeus (also first century) in *De Causis et Signis Diut. Morb.* 3.6 (41.12–13 Hude) defines *μανία* as *ἐκστασις*, ‘being out of oneself’, and later depicts such patients as being either of a more agreeable type, ‘feisty,

irritable, of active habit, easy in disposition, joyous, playful' (ὀργίλοι, ὀξύθυμοι, ῥέκται, εὐμαρές, ἱλαροί, παιδιώδεις, 3.6, 41.27–8 Hude); or resistant, 'sluggish, sorrowful, slow to learn, but patient in labour, furthermore quick to forget after they learn something; these are also more prone to a melancholic state' (νωθροί, ἐπίλυτοι, βραδεῖς μὲν ἐκμαθεῖν, ἐπίμονοι δὲ προσκαμεῖν, ποτὶ καὶ μαθόντες ἀμνήμονες, οἶδε καὶ μελαγχολῆσαι ἐτοιμότεροι, 3.6, 41.29–31 Hude).¹ Cognitive, emotional and ethical aspects are central. Again, the fifth-century CE author Caelius Aurelianus says of *mania* (which he calls *furor*): *furor* 'is an impairment of reason without fever' *alienatio mentis ... sine febribus* (*Diut. Morb.* 1.5, 518.25–6 Bendz), that 'takes hold of the mind' (*occupat mentem*, *Diut. Morb.* 1.5, 518.29 Bendz).

These idioms of alienation and cognitive damage, and the qualitative remarks (characteriological, personal and psychological) that accompany them are a complete change of emphasis from fifth- and fourth-century BCE sources, where the physician looks at the body and external behaviour. One cannot help but think that, at least to some extent, the history of metaphysical and ethical thought of the centuries between our fifth- and early fourth-century sources and the three later medical authors I have quoted are responsible for this shift from 'body' to 'mind' as the theatre of insanity.

The fundamental connection between insanity and the body in fifth- and fourth-century sources should not evoke analogies with contemporary biomedical models of explanation and diagnosis of mental phenomena. This outlook is categorically different from the way in which current neurological or biological frames are used to understand mental disorder, even if the materialism or corporeality of ancient medical accounts is sometimes misleadingly conjured to qualify the roots of modern neurological models.² The quality of visibility, in fact, is the connection to the body which

¹ *An. Par.* (possibly from the second century CE) is the only later author who gives more space to bodily aspects (18.2.2, 114.10–14 Garofalo). General signs of *mania* are 'enormous physical strength, especially if they get angry. Chilling of the extremities, pulse small, thick; breathing involuntary panting.' This seems to be owed, however, to the importance of the doxographic component (Hippocratic among other sources) in the compilation more than to the adoption of a more physiological agenda. The section on the σημεῖα of μανία at 18.2.1 (114.6–7 Garofalo), in fact, opens with remarks about the psychology and mood of those affected ('some madmen are merry-mad, others sad-mad; some are more suicidal than others', οἱ μετὰ ἱλαρότητος μαίνονται, οἱ δὲ μετὰ στυγνότητος. οἱ δὲ μᾶλλον τῶν ἑτέρων ὀλεθρίως ἔχουσιν).

² E.g. Hershkovitz (1998) 2, where Hippocratic accounts are 'equivalent to modern neurobiological models of madness which explain madness in purely scientific terms'; Jandolo (1967), who misleadingly discusses Hippocratic instances as 'manifestazioni somatiche delle psicosi'; most recently Walshe (2016), however with several interesting insights.

appears to be prevalent in classical medical accounts of insanity, rather than the physiological causation that may explain its origins (although this is incidentally so in some cases: *phrenitis*, *epilepsis*, traumas and humoral imbalances).

First-person accounts of perceptions of illness and mental disturbance, as well as subjective feelings, thus remain secondary, indeed almost entirely absent; cognitive impairment and emotional distress are given less space and articulation than the description of perceptible output. One might object that the problem is universal, and that contemporary psychiatrists, facing difficulties much like those confronted by ancient physicians, put their trust in what is really only an illusion of access to the patient's mind. In the case of ancient medical texts, however, the impenetrable space of the individual 'mind' is not even posited as territory one might try to penetrate.³

In fact, ancient literature is remarkably lacking in attempts to produce introspective reports of madness until later on,⁴ and even then, accounts resemble an externalised description more than the intimate confessions of the mad in modern literature. The Euripidean Orestes in his awareness of his own mental disturbance has little in common with the self-confident accounts of delirium by Gogol's madman, for instance, or Kafka's disturbed characters. The latter are fictionally constructed as mad individuals speaking directly, from the privilege of their own subjective viewpoint, about a fully articulated internal world. The insane sufferer Orestes, on the other hand, is perceived through the eyes of a physician- or nurse-like figure, interlocutor or observer, and is presented to the audience as such, fully spectacularised. In classical antiquity, trust in the full observability of the patient's mental suffering generally emerges from the way insanity is conceived and described.

³ In her work on poetic imagery of mind, mental life and and madness in the Greek world, Padel (1992, 1995) made important suggestions in this direction, proposing a view of the mind as 'porous' (1992, 5, 78–98), arguing that 'in the urban West, madness may seem to be about mental things only. But our world has for centuries been a place where mad bodies are mostly hidden away [as opposed to previous eras]' (1995, 147), and making the point that 'madness spoils human shape, figure, and face as well as mind' (1995, 143).

⁴ Lucretius might well be the first preserved account (with reference to erotic love) with first-person features (*De Rerum Natura* 4.1058, *Haec Venus est nobis*) except for Sappho fr. 31 Voigt (see below, pp. 129–30), of which the Lucretian passage offers a grotesque parody (cf. more literally *DRN* 3.152–60). It should be noted that both are poetic texts and thus committed to convention, intensification and metaphorical language; see Ferrari (2007) 162–3 for a comparative reading of the two passages in terms of shared 'symptoms'.

2.2 'Scenes'

The visual element is thus of central importance in the presentation of mental health in our texts. The emphatic insertion of images of the body, snapshots of individual states, marks mentally relevant episodes, creating significant 'scenes'. One might even say that it is this emphasis on the visual appearance that advertises that a concomitance with mental suffering is to be expected. Surprisingly, this association seems to work self-evidently for modern audiences as well; most readers effortlessly make the connection between, for example, odd movement of the eyes and insanity, or between notably awkward physical posture and insanity, arguably exposing the deep-seated human relevance of these aspects of the mind.

To further clarify what these 'scenes' are, let us return to *Acut.* 42 (54.2–15 Joly = 2.312.5–314.10 L.), where we find a description of the adverse mental effects of an incorrect diet.⁵ The occasion is that of a physiological shortcoming. The gaze of the doctor, however, proceeds progressively through mental and physical details to reach a verdict of παραφροσύνη. The physician records trouble in sleeping (ἀγρυπνία), then overtly psychological/emotional facts (περίλυτοι δὲ καὶ πικροὶ γίνονται καὶ παραφρονέουσι), then impairment of the senses (problems with eyes and ears); changes in body temperature and various physiological data, such as sweating, follow. Finally, we are offered an image of the sick person, a vivid scene that combines close-up shots and behaviours: 'disquietude', 'respiration, interrupted in the ascent of the breath, rapid or very deep', 'eyebrows dreadfully shaped' (frowning?), 'distressing faintness, ripping apart one's garment, trembling hands, biting the lower lips'. This scene works as an interface between the mental information (which may bear, at least in part, the mark of the patient's subjective communications, in which details regarding mood and sensory perception must have been expressed) and physiological, measurable data (the fruit of a sensory scrutiny, tactile, visual, gustatory and perhaps olfactory: 'the extremities are chilled; urine is concocted; sputa thin, salt, slightly tinged with an unmixed colour; sweats about the neck'). The 'performed' scene (comprising restlessness, respiration, the look of eyebrows and lips, hand motion, the tone of the body, as well as aversion to clothing), if we may speak of it thus, is in terms of content as purely physical and concrete as the crude physiological facts that precede it. It is precisely the scene thus constructed that places the body to

⁵ See above, pp. 54–5.

the fore as an interlocutory ‘image’, beyond its being a locus of functions, ingestions and excretions, immediately suggesting a mental quality.

My argument is that such scenes (which are frequent) constitute the main item of mental interest in the Hippocratic texts, complementing and giving substance to the varied and often confusing vocabulary of ‘insanity’ that the Hippocratic physicians adopt and the cognitive information they provide. The construction of these scenes is also relevant to the fact that in these writings the body expresses mental health characteristically in action, through a behaviour, an ‘attitude’ or a ‘posture’; insanity is viewed as movement and activity, even when the human face is observed.⁶ This is the result of a concomitance of causes: the prevalent idea of ‘insanity’ as affection, activity, not as personal trait or introverted experience;⁷ the prognostic rather than diagnostic or taxonomic interest of the Hippocratic medical assessments, which makes them especially pragmatic, and as such interested in factual evidence; finally, an acquaintance with the view of the body as instrument, an actor in a performance that is specifically Greek and shapes the attention of the physician as he observes the body of the insane. It is not by chance that the evident importance of the face, the eyes and the movements of the limbs to mental and emotional life in our texts is shared by the two most important Greek performative genres, drama and oratory.⁸

2.3 Face

We begin with facial features as signs of mental impairment: the appearance and behaviour of the eyes, mouth, voice and general complexion. It is worth noting that the view of the face dominant in our sources should

⁶ See Thumiger (2016c).

⁷ See Padel (1995) 31 on the more generally Greek paradigm of madness ‘in action’.

⁸ See Fögen (2009b) for oratory, Boegehold (1999) for a comprehensive review of bodily gestures organised by genre. Fögen offers a survey of expressive facts (divided into *sermus*, *vultus* and *vox*) that confirms the cultural relevance of the visual characteristics we are discussing within a larger Greco-Roman ethical-psychological framework (although his evidence is mostly Roman). Fögen looks at gesture, facial expression, voice and outward appearance and dress. See also Fögen (2005) on non-verbal communication in medical discourse, most usefully at 288, where he organises ‘non-verbal behavior’ into categories (reported here quasi-verbatim): 1. Vocal (paralinguistics), 2. Non-vocal, i. motoric (facial expression, gesture, gaze, movements of the body including posture), ii. Via physio-chemical channels (olfactory, gustatory, tactile and thermal), iii. Ecological aspects (territorial behaviour, interpersonal distance (proxemics) and elements of personal appearance including dress, hairstyle, cosmetics). No one thus far has matched the recurrence of these items with the medical presentation of mental health.

not be taken as identical to our own views of the face as an expression of subjectivity, individuality and felt emotions. I have argued elsewhere⁹ for a standard way of looking at facial features in the Hippocratic writings, a 'mode' which displays analogy with tragic faces. This 'mode' implies, first of all, a relative standardisation of features. From the point of view of its relation to subjectivity, this face is a physical part of the body like any other and does not occupy a privileged position as a mirror of the soul or a revelation of hidden moral characteristics. It is instead a sign among others within a whole (just as physical postures – or even fluid discharges in a medical context – are), and it changes and adapts itself through interaction with other signs and in reaction to external events. Second, this 'mode' implies an understanding of the human face primarily as social datum and instrument of communication, existing insofar as it is viewed from and in dialogue with the outside world.

It is interesting to compare the focus on the human face in visual art, which seems to place emphasis on the individual who is undergoing a vital experience, especially 'imminent death, sleep, madness, strenuous effort, fear, and drunkenness', as Frontisi-Ducroux notes.¹⁰ I suggests that a similar function is found in our medical narratives: the focus on the facial features means a close-up view into the individual, a pause in the narrative to direct the observer's attention to a single personal destiny. Of the existential experiences listed by Frontisi-Ducroux, the famous *facies*, the prognostic reference physicians should be able to recognise as deadly, described in *Prog.* 2 (4.1–9.5 Jouanna = 2.112.13–118.6 L.), signals acute illness and death only. It is evident, however, in the patient cases in the *Epidemics* that the human face emerges in the observations of these physicians when a mental crisis is in question.

As a powerful illustration of the general effect, consider the case of Cydis' son, at *Epid.* 7.5 (54.5–23 Jouanna = 5.374.15–376.5 L.):

And on the seventeenth day, pain in the same places came on again towards night, and delirious talk (παράληρησις); and flow of pus on the eighteenth day. On the nineteenth and twentieth days, delirious (μανικῶς) ... *On the twenty-second day there was much [sweat] about his face. With his voice in this period, if he exerted substantial effort, he succeeded in saying what he wished; but if he did not try hard, he was barely comprehensible. His mouth was slack, and his jaws and lips were always moving, as though he wanted to*

⁹ Thumiger (2016e).

¹⁰ Frontisi-Ducroux (1991) 138 – she calls this effect in figurative art 'apostrophe'. See Thumiger (2016e) on the Hippocratic face in dialogue with the theatrical convention of masking.

say something; and there was much movement of the eyes and glancing about, and colour in his right eye such as is called bloodshot, and his upper eyelid was swollen. There was a ruddiness in his cheek at the end, and all the blood vessels in his forehead were apparent,¹¹ so great was their distress. He no longer closed his eyes, but he maintained a fixed stare, raising his eyelids upward as when something falls into the eye.

ἐπτακαιδεκάτῃ ἦκε πάλιν ἐς νύκτα ὀδύνη τῶν αὐτῶν καὶ παραλήρησις· καὶ ἐπιυορροεῖ ὀκτωκαιδεκάτῃ· ἐννεακαιδεκάτῃ καὶ εἰκοστῇ, μανικῶς ... δευτέρῃ καὶ εἰκοστῇ περὶ τὸ πρόσωπον πλεῖστον ἦν· τῇ δὲ φωνῇ κατὰ τὸν χρόνον τοῦτον εἰ μὲν σφόδρα ἀποβιάσατο εἶπεν ἂν τελέως ἂ ἐβούλετο, εἰ δὲ προχείρως, ἡμιτελέα· καὶ στόμα λελυμένον καὶ αἱ γένυες καὶ χεῖλεα αἰεὶ ἐν κινήσει ὥς τι θέλοντος λέγειν· καὶ τῶν ὀφθαλμῶν πυκνὴ κίνησις καὶ ἔμβλεψις καὶ χρῶμα ἐπ' ὀφθαλμοῦ δεξιοῦ οἷον εἶρηται τὸ ὕφαιμον· καὶ βλέφαρον τὸ ἐπάνω ἐπώδησε. καὶ κατὰ γνάθον ἔρευθος ἐπὶ τελευτῆς καὶ φλέβες πᾶσαι ἐν προσώπῳ φανεραὶ, οὕτω συντετραμμένα· καὶ τοῖσιν ὀφθαλμοῖσιν οὐκ ἔτι συμμύων, ἀλλ' ἄτενές ὄρων καὶ διαίρων τὰ βλέφαρα ἐς τὸ ἄνω μέρος ὡς ἐπὴν τι ἐμπέσῃ ἐς τὸ ὄμμα.

We are clearly told that this patient has a mental impairment (παραλήρησις, μανικῶς). After this, we are presented with a direct close-up view of his face – mouth, eyes and general complexion. It would be a mistake to separate this final visual portion of the description and consider only the first lines as testimony for mental disorder; these visual notices are part and parcel of what mental disturbance is seen to be in such cases. It is accordingly only natural that at *Epid.* 2,2.8 (Smith 32.7–9 = L. 5.88.4–5) the physician, observing a girl who is affected by paralysis of the left arm and leg (παρέλυθη παραπληγικῶς), should point out that there was no other change in ‘face or reasoning’ (οὔτε πρόσωπον οὔτε γνώμην).¹² The formula illustrates this connection precisely; facial appearance is not identical to state of mind, but a concomitance is expected.

In the discussion offered in this chapter, the reference to non-medical literature plays a fundamental role. Here, in fact, the observations of the physician are quite consonant with traditional representations, although

¹¹ At *Coac.* 210 (Potter 155.6 = 5.630.6) it is made explicit that contraction on the forehead indicates *phrenitis* (μετώπου συναγωγή ... φρενιτικόν).

¹² Other cases in which a portion of the face is affected by drooping or weakness: *Epid.* 5.22 (14.1–18 Jouanna = 5.220.20–222.11 L.), the case of Apellaius in Larissa, who dies ‘before regaining reason, πρὶν ἐμφρονῆσαι (14.14–15 Jouanna = 5.222.8–9 L.) and whose face and the rest of his body is ‘drawn up’ on one side (14.15–16 Jouanna = 5.222.9–10 L., ἐσπᾶτο περὶ τὰ δεξιὰ πρῶτον τὸ τε πρόσωπον); at *Epid.* 5.50 (23.15–24.2 Jouanna = 5.236.11–20 L.), the daughter of Nerios, who suffers head trauma and dies after suffering fever, speechlessness and a low mood (κατεφέρετο καὶ ἀναυδος ἦν, 23.23 Jouanna = 5.236.17–18 L.), and in her case also τοῦ προσώπου τὸ δεξιὸν μέρος εἰλκετο, 23.23–4 Jouanna = 5.236.18 L.).

formulating them within a scientific and therapeutic agenda.¹³ Compare the face of mental distress of Cydis' son with *Od.* 20.345–54, where the seer Theoclymenus interprets the mad laughter that possesses the suitors, an omen of their crimes and coming punishment:¹⁴

Thus spoke Telemachus, but in the suitors Pallas Athena
roused unquenchable laughter, and turned their wits awry.
And now they laughed with alien lips,
and the flesh they ate was spattered with blood, and their eyes
were filled with tears, and their spirit set on wailing.
Then godlike Theoclymenus spoke among them:
'Ah, wretches, what evil is this that you suffer? Shrouded in night are
your heads and your faces and your knees below;
kindled is the sound of wailing, bathed in tears are your cheeks,
and sprinkled with blood are the walls and the fair rafters.'

ὦς φάτο Τηλέμαχος· μνηστῆρσι δὲ Παλλὰς Ἀθήνη 345
ἄσβεστον γέλω ὥρσε, παρέπλαγξεν δὲ νόημα.
οἱ δ' ἦδη γναθμοῖσι γελῶν ἄλλοτρίοισιν,
αἰμοφόρυκτα δὲ δὴ κρέα ἤσθιον, ὅσσε δ' ἄρα σφέων
δακρυόφιν πίμπλαντο, γόον δ' ὠίετο θυμός·
τοῖσι δὲ καὶ μετέειπε Θεοκλύμενος θεοειδής· 350
'ἄ δειλοί, τί κακὸν τόδε πάσχετε; νυκτὶ μὲν ὕμνων
εἰλύσεται κεφαλαί τε πρόσωπά τε νέρθε τε γούνα'
οἰμωγὴ δὲ δέδηγε, δεδάκρυνται δὲ παρειαί·
αἶματι δ' ἑρράδαται τοῖχοι καλαί τε μεσόδμοι.'

In this passage, verses 350–4 offer a close-up view of the face of the insane characters, the suitors, whose 'affection' can be located on a middle ground between curse, punishment, derangement, literary imagery and even prophecy (since the scene is partly the vision of the seer Theoclymenus). The πρόσωπον, the face of the sufferers, is at the centre at a moment that is critical in many senses: open insanity (παρέπλαγξεν δὲ νόημα) as well as foresight, dramatic downturn and death. The men laugh wildly, with no control over their faces and jaws (γναθμοῖσι γελῶν ἄλλοτρίοισιν), and tears fill their eyes (ὅσσε δ' ἄρα σφέων δακρυόφιν πίμπλαντο). 'Night', like a cloud, envelopes their heads, faces and limbs ('knees'), signifying blindness and numbness, perhaps, or their now opaque, dark

¹³ Holmes (2008, 2010, 228–74) places the interface between tragedy and medicine in the *symptoms* that become a locus of discussion and ambiguity, thus depersonalising the issue at stake and overcoming the dynamics of borrowing and imitation (of the tragedians by medical authors, or *vice versa*).

¹⁴ On this passage, see Rutherford (1992) 231 *ad loc.*, responding to the view that sees these verses as 'un-Homeric' in their supernatural disruption of human physiology.

appearance. Finally, their cheeks are covered with tears. To this pathology of the individuals corresponds a corruption of what surrounds them, the palace halls they are unlawfully occupying, which echo with wailing and are soaked in blood. This is a cultural document altogether different from the Hippocratic account just commented on. Nonetheless, both texts confidently list strikingly similar qualities of the human face as part of an experience of insanity. A dialogue with traditional images thus has much to offer to analysis of the representation of the insane in medical literature.

2.3.1 Eyes

Even for us today, the eyes are the first element to attract attention when a face is seen. Their relevance to mental life is immediately understood via the role they play in the expression and representation of emotions and moods, often associated with ethical traits. This is likely the case in most cultures; the material offered by Greek sources from Homer onwards, however, is particularly rich in this respect.¹⁵ The eyes are foregrounded in the representation of most emotions, positive and negative, so long as they are intense and extreme, most notably shame, eros and anger. In addition, the eyes are associated with a variety of existential experiences, as we shall see.

To understand the significance of eye behaviour we must consider, first of all, early theories of vision with their idea of vision as exchange: a two-way traffic between the object perceived and the perceiving observer. Vision is not conceived as a passive reception, but as an activity carried out in two directions, a communication that takes place through the emission of particles from the observer's eyes, which encounter others emitted by the observed object, coalescing with them to form a continuum.¹⁶ This

¹⁵ See Dunbabin and Dickie (1983) for the iconography of gaze and seeing; Hanson (1989) for eye terms in tragedy and in classical Greek generally; Rakoczy (1996) for a survey of Greek literature; more recently Cairns (2005b) 126–7 for an introduction to 'Greek seeing', 128–9 for eyes expressing a repertoire of emotions, with anger a special case (129); Cairns (2011a) on 'love and loathing' in literary representations of gaze.

¹⁶ This view seems to be dominant in ancient science: on the philosophical side, see the account of the theory of vision at Plato *Timaeus* 45b–d, 67c–d, where the act of viewing is depicted as an encounter between an emanation from the eye of the perceiver and daylight. While Aristotle (*De Anima* 2.7, 418a27–419b4, *De Sensu et Sensibilibus* 3.439a6–440b25) does not speak of an emanation from the eye in his discussion of vision, but of an alteration in the medium between eye and object, the Stoics conceived of a modification in the base of the cone-shaped pneuma emanating from the eye in contact with the viewed object, a theory that influenced Galen's view, which was also based on the emission of pneuma (*De Usu Partium* 8.6, 464–5 Helmreich = III.640–1 K.); cf. Sedley (1992); Ierodiakonou (2014) on Galen, 25–38 for the background. See Sassi (1978) on theories of perception in Democritus, 96–109 on vision; Padel (1992) 42 for a summary of pre-Socratic material. On various models of emissionist and interactionist viewing in ancient Greek culture, see Cairns (2005b) 138–9.

is clearly illustrated by the claim at *Carn.* 17 (199.7–8 Joly = 8.606.6 L.): ‘whatever is not bright or does not reflect, a person does not see with this’ (ὅ τι δὲ μὴ λαμπρόν ἐστι μηδὲ ἀνταυγεῖ, τούτῳ οὐχ ὁρῇ); the act of seeing is performed by virtue of the appearance of the eye as much as that of the seen object.¹⁷

This materialistic, active representation of sight explains how the external look of the eye, independent of its perceptual activity, can offer clues to an individual’s overall state, including but not limited to his emotional and mental state. The eye not only receives an input as it visualises an object, but also emits, and this output can be expressive of spiritual and mental states. The terminology and imagery of vision in the literary sources that precede and offer a context for the medical testimony reflect this materialistic view clearly.¹⁸ It is therefore useful to analyse some of them here, since they establish the background for medical usage and guide us in exploring the role played by the eyes in constructing the face of the insane as a medical item.

As early as in the *Iliad*, the connection of anger and grief with the eyes appears to be standard. The emotional and metaphorical datum (‘anger’) and the physical/visible phenomenon (‘blazing eyes’) are interchangeable. Thus Agamemnon’s reaction (*Il.* 1.101–5) to the abduction of his slave Briseis is spelt out first as a filling of his φρένες by μένις, and then as ‘eyes like gleaming fire’ (1.104). A threatening glance thrown by the hero at Chalcas follows (1.105).

But among them rose
the heroic son of Atreus, lord of the far-flung kingdoms,
Agamemnon, grieved, his dark heart filled to the brim with fury,
his eyes blazing like searing fire.

τοῖσι δ’ ἀνέστη
ἥρως Ἀτρεΐδης, εὐρὺ κρείων Ἀγαμέμνων,

¹⁷ Consider Eur. *Or.* 1519, where the murder committed by Orestes is reflected back at those present, haunting their minds: πέλας γὰρ δεινὸν ἀνταυγεῖ φόνον, ‘[the blood on your sword], being held so close, flashes back terrible murder, ἀνταυγεῖ’. Objects radiate, to use a modern term, reaching human perception; so do human individuals.

¹⁸ Cairns (2005b) 126 explores the difference between *hexis* and *pathos*, physiognomics, on the one hand, and the extemporaneous look of the eyes through emotional affection, on the other, posing them as two different objects of inquiry. This discussion is concerned with the latter. An example of the physiognomic component, the crystallised quality, is the Homeric epithet κυνώπης, ‘shameless’, ‘dog-eyed’, used as a general insult and to convey treacherousness and wild fury (for the Erinyes in particular, typically described as κυνώπιδες, as at E. *El.* 1252, αἱ κυνώπιδες θεαί; *Or.* 260–1, αἱ κυνώπιδες | γοργῶπες; at A. *Cho.* 1058, ‘dripping blood from their eyes, horrendous’, καὶ δὲ ὁμμάτων στάζουσιν αἷμα δυσφιλές).

ἀχνύμενος, μένεος δὲ μέγα φρένες ἀμφὶ μέλαιναί
πρίμπλαντ', ὅσσε δέ οἱ πυρὶ λαμπετόωντι ἔϊκτην.

So too in turn the outrage and anger of Achilles at the offence he has received is evident the moment his eyes are mentioned, when he notes the arrival of the goddess Athena at *Il.* 1.199–200:

Struck with wonder Achilles spun around; he knew her at once,
Pallas Athena! His eyes blazed terribly.¹⁹

θάμβησεν δ' Ἀχιλεὺς, μετὰ δ' ἐτράπετ' αὐτίκα δ' ἔγνω
Παλλάδ' Ἀθηναίην· δεινὴ δέ οἱ ὅσσε φάανθεν·

Likewise at *Il.* 12.466, the context is one of warlike fury, as Hector sets out to urge his men to battle with fiery eyes (πυρὶ δ' ὅσσε δεδήει); the ocular detail is equivalent to a courageous military character. In all these examples (which could be multiplied), the eyes are the subject of a verb of shining or shedding light (δαίω, φαίνω, λάμπομαι) and are mentioned along with heightened feelings of anger or fury. One might take these as unproblematic descriptions of the looks of the individual, whose eyes are perhaps made teary or shine with emotion and rage. The imagery is more varied than this, however, and includes strong emotions other than anger that can be conveyed to the observer through a person's eyes, as well as even more concrete formulations. At *Od.* 4.758, for example, the eyes serve as a container for grief. Eurycleia, with her words of hope, prevents Penelope from crying:

Thus she spoke, and she lulled her grief, and stopped her eyes from lamentation

ὥς φάτο, τῆς δ' εὔνησε γόον, σκέθε δ' ὅσσε γόοιο.

The literal, materialist interpretation (holding back tears) is inseparable from the psychological (comforting the mind). But as the same term γόον can be used for both felt grief and wailing, the expression is better seen as maintaining a continuity between external appearance and subjective experience.

Further examples expand on this; the eyes are connected not only to emotions but to intentions and will as well. At *Od.* 6.130–2, Odysseus' outburst of determination as he emerges from the woods on Scheria is a blazing glance:

Out he stalked, like a mountain lion, confident of his power
which strides through wind and rain, and his eyes
blaze.

¹⁹ I take the phrase to refer to the hero; others have attributed the blazing eyes to the goddess (e.g. Kirk, 1985, *ad loc.*).

βῆ δ' ἵμεν ὥς τε λέων ὀρεσίτροφος, ἀλκί πεποιθώς,
 ὅς τ' εἶσ' ὑόμενος καὶ ἀήμενος, ἐν δέ οἱ ὄσσε
 δαίεται.

The lion/Odysseus is exposed to rain and winds, 'and/while' (δέ) in him blazed his eyes', since he is 'confident of his power' (ἀλκί πεποιθώς). The blazing eyes are thus almost in contrast to the adverse external conditions, and reveal cognitive and emotional/ethical traits simultaneously,²⁰ a precise awareness of his own strength, πεποιθώς, and confidence as a consequence.

Other examples extend the use of this facial element further to include experiences completely detached from subjectivity. I emphasise this additional extension, as we are all familiar with idiomatic expressions in figurative clichés that have the eyes and the gaze at the centre of character representation or emotional exchange. What is going on here is more basic and concrete than that: the eyes are a telling sign, a window into the individual's state. Even the ultimate experience, death, may affect them, as at *Il.* 16.333–4, the death of Cleobulos, whom 'red death caught in the eyes':

and down/deep over his eyes
 scarlet death took hold of him, and the strong *moira*.

τὸν δὲ κατ' ὄσσε
 ἔλλαβε πορφύρεος θάνατος καὶ μοῖρα κραταίῃ.

Is this πορφύρεος θάνατος (334) simply the blood flowing from the throat onto the face of the hero and reaching his eyes (or an internal haemorrhage rising to the white of the eye) as Cleobulos lies on the ground? Or is it death manifesting itself through his eyes, moving from above inside the skull towards the outside through the eyes? Support for an idea of the eyes as the repository of vital force is also found at *Il.* 23.476–7, where Ajax reproaches Idomenaeus, saying that he is no longer young, and youth is referred to as 'sharpness' of eye glance:

'Nor are you so much the youngest among the Argives,
 nor do the eyes in your head glance out the sharpest.'

'οὔτε νεώτατός ἐσσι μετ' Ἀργείοισι τοσοῦτον,
 οὔτε τοι ὀξύτατον κεφαλῆς ἐκδέρκεται ὄσσε.'

In this limited but representative selection, eyes not only express a dominant emotion, but are associated with death and can betray less evident facts

²⁰ A sharp distinction between the two levels would be unfamiliar to Homeric idiom: compare *Il.* 24.41, 'a lion that *knows* [is capable of] savage ways' = 'a savage lion' (λέων δ' ὥς ἄγρια οἶδεν).

such as old age and hidden strength. In tragedy, the connection between strong emotion and especially wrath and the eyes is reaffirmed in various ways and even becomes topical for fierceness and avenging rage in the case of the Erinyes. More to our point is the tragic representation of character and mental sanity, in which eyes play a central role. The entrance of the murderer at Euripides' *Orestes* 385–9 is all about seeing and eyes:

MENELAUS: O gods, what do I see? What dead man am I looking at?

ORESTES: You have said it well; because of my misery I no longer live, although
I gaze upon the light.

MENELAUS: How savage is your unkempt hair,²¹ poor wretch!

ORESTES: It is not my looks but my deeds that torture me.

MENELAUS: You glare dreadfully with the dry pupils of your eyes!

ME. ὦ θεοί, τί λεύσσω; τίνα δέδορκα νερτέρων;

OP. εὖ γ' εἶπας· οὐ γὰρ ζῶ κακοῖς, φάος δ' ὄρω.

ME. ὥς ἠγρίωσαι πλόκαμον αὐχμηρόν, τάλας.

OP. οὐχ ἢ πρόσοψίς μ' ἀλλὰ τᾶργ' αἰκίζεται.

ME. δεινὸν δὲ λεύσσεις ὀμμάτων ξηραῖς κόραις.

This passage masterfully combines medical *topoi* of insanity and prognostic strategies with widespread, popular conceptions. Menelaus reads Orestes' appearance as containing signs of a malaise, while the hero shifts the level onto guilt and 'committed acts' (μ' ἀλλὰ τᾶργ'), 388. The eyes 'seen' are at the central point between disease and ethical flaw. Menelaus carries out a visual scrutiny of Orestes that resembles (perhaps with a slight touch of parody) that of a physician (λεύσσω, δέδορκα; a πρόσοψις, replies the 'patient' with some humour at 388). He is not yet dead, says Orestes, but still 'sees the light' (φάος δ' ὄρω), even though his sight appears unhealthy and disturbed (δεινὸν δὲ λεύσσεις ὀμμάτων ξηραῖς κόραις), with a detailed description of the eyes and eyesight that emphasises the dry and tearless pupils (ξηραῖς κόραις) that often return in Hippocratic descriptions.²² The specification regarding Orestes' glance is in line with his remorse and the ugly spectacle he offers, a self-evident sign of the absence of health and mental distress.²³

²¹ Hair can also be part of the facial portrayal of mental disturbance in medical representations: see *Int. Aff.* 29 (174.15–16 Potter = 7.244.2–3 L.), a disease in which the liver is affected by an outbreak of bile causing raging: 'the hair is raised on the head' (αἱ τρίχες αἱ ἐν τῇ κεφαλῇ ὀρθαὶ ἵστανται).

²² On the poetic use of this 'dryness' to refer to mental and physical disturbance, see Willink (1986) 149–50.

²³ Moreover, eyesight is regularly used as evidence of life and even as a metonymy for life itself, as at *A. Eum.* 388, where the vengeful fury of the Erinyes is equally harsh to the living and the dead, 'those who see' and 'those who have bad eyes', respectively (δυσσοδοπαίπαλα δερκομένοισι καὶ δυσομᾶτοισι ὁμῶς).

Earlier in *Orestes*, at 253, Electra comments on her brother's sight, saying 'your eyes are troubled' (ὄμμα σὸν ταρασσεται). Most translators and commentators take this as an elliptical description of a precise sign, the rolling eyes that signify insanity. One might see the eye instead as an organ, or one of the organs, of insanity. The two are contiguous, and in fact what we see is a fully embodied presentation of mental disturbance: 'your eyes are troubled', meaning 'you are in mental trouble – as shown through your eyes'.

In Euripides' *Medea*, in many respects another insanity play, the word ὄμμα occurs often, as anger and derangement are at the centre of the portrayal of the central character. Medea possessed by a blinding rage is seen as a 'glancing bull' – or, in a rather untranslatable expression, 'made a bull with respect to her eyes' (92, ἤδη γὰρ εἶδον ὄμμα νιν ταυρουμένην), where the eyes express a dangerous mood and an aggressive disposition. It is thus plausible that at 101–4 the nurse recommends that the children 'stay clear of her eyes',

Do not come near her eye,
don't approach her, beware her savage mood
and the violent nature
of her reckless heart.

καὶ μὴ πελάσῃτ' ὀμματος ἐγγύς
μηδὲ προσέλθῃτ', ἀλλὰ φυλάσσεσθ'
ἄγριον ἦθος στυγερὰν τε φύσιν
φρενὸς αὐθαδοῦς.

This is a practical recommendation to the children to stay away from danger and not let their mother see them (and eerie in light of the murder that will follow, as the audience already knows), but it also expresses the idea of danger and mental distress channelled through the eyes. Thus at 860 the chorus wonders how Medea can endure to kill her children while/by 'throwing her eyes at them' (ὄμματα προσβαλοῦσα).

The madness of Heracles in Euripides' *Hercules Furens* fits similar patterns. At 931–4, the madman's face resonates with medical overtones:²⁴

He was no longer himself,
but annihilated in the rolling of his eyes,
and shooting blood from the roots in the eyes
he was dripping foam from his bushy beard'

²⁴ See Kosak (2004) 151–74 on Heracles and medical topics, 172–4 on madness; Holmes (2008) for a reading of Heracles' bodily suffering at the intersection between medical and metaphysical models; thus already Pigeaud (1981/2006) 411–15; Beta (1999) 140–3.

ὁ δ' οὐκέθ' αὐτὸς ἦν,
 ἄλλ' ἐν στροφαῖσιν ὀμμάτων ἐφθαρμένος
 ῥίζας τ' ἐν ὄσσοις αἵματῶπας ἐκβαλὼν
 ἄφρον κατέσταξ' εὐτρίχος γενειάδος.

At 990, the furious possession of the hero is again conveyed by 'Gorgon's eyes', an expression familiar for its use with reference to the Erinyes:

but he, rolling his fierce Gorgon's eyes

ὁ δ' ἀγριωπὸν ὄμμα Γοργόνος στρέφων

A final example turns eyes and eyesight into a motif of their own, in the case of Ajax in Sophocles' play (*Ajax* 51–2). The hero is mentally affected by the intervention of Athena, who speaks here in the first person:

I held him back from his irresistible delight,
casting upon his eyes mistaken notions.

ἐγὼ σφ' ἀπείργω, δυσφόρους ἐπ' ὄμμασι
 γνώμας βαλοῦσα τῆς ἀνηκέστου χαρᾶς.

It is precisely through the eyes that the goddess drives Ajax mad, literally 'casting thoughts upon them'.²⁵ They are both source of perception and receiver, an instrument locus of cognitive appraisal (δυσφόρους γνώμας). At 69–70, the goddess spells out more clearly the indissoluble connection between eyesight, mutual seeing and sanity, as she promises Odysseus that she will make him invisible to Ajax:

I shall deviate the rays of his distorted eyes,
 so that he cannot see you.

ἐγὼ γὰρ ὀμμάτων ἀποστρόφους
 αὐγὰς ἀπείρξω σὴν πρόσοψιν εἰσιδεῖν.

Four terms of vision are used here: ὀμμάτων, αὐγὰς, πρόσοψιν and εἰσιδεῖν: the description of derangement plays around these. Ajax's insanity is identified with the deviance of his eyesight and with the goddess's interference with his gaze (ἀποστρόφους, ἀπείρξω). At 447–8, the eyes are once again indissolubly coupled with mind and understanding (cf. 868):

and if my eye and mind had not been turned aside,
 swerving from my intention ...

²⁵ Finglass notes that 'it is strange to hear of "intolerable fantasies" cast on the eyes rather than implanted in the mind"' (2011, 153 *ad loc.*), and explains the expression with the subsequent visual hallucination; others have proposed emendation. The passage makes sense as it is, if we recognise that the eyes, here as elsewhere, are treated as the locus of mental life.

κεῖ μὴ τόδ' ὄμμα καὶ φρένες διάστροφοι
γνώμης ἀπῆξαν τῆς ἐμῆς ...

ὄμμα and φρένες διάστροφοι express in hendiadys the association of the mistaken mind and the deceived, literally 'distorted' eyes (sensory perception) in Ajax's previous hallucination, as he mistook the cattle for his human enemies. What is meant here is more than a simple reference to the faulty sight of Ajax in the play. Besides the detail of the eyes turned backwards, typical of an epileptic fit (and a standard feature in presentations of this illness), the eyes refer more generally to the hero's insanity and faulty reasoning.²⁶ Finally, the physical manifestations of Dionysiac influence are on full display in Euripides' *Bacchae*, where the eyes are again a recurring feature (e.g. 1166, 'Agave, the mother of Pentheus, with her distorted eyes', Πενθέως Ἀγαυὴν μητέρ' ἐν διαστροφῶν | ὄσσοις; 1122–3, 'she was foaming from her mouth and rotating her distorted pupils', ἡ δ' ἄφρον' ἐξεῖσα καὶ διαστροφῶν | κόρας ἐλίσσουσ').

It emerges clearly from these passages that the condition of the eyes is not offered as symptomatology or a metaphor for mental states, but directly as the organ or locus where the mental state is displayed and even *takes place*, and which can be adequately interpreted as embodied mental experience. In these examples, the eyes are not only vehicles of appraisal that supply information to the mind, but parts of the body with mental relevance for observers.

To summarise briefly, the following areas emerge from this survey as traditional in non-medical texts with reference to the eyes:

- 1) Eyes and felt emotion (anger, pride, courage, shame)
- 2) Eyes and communicated/perceived emotion (anger, pride, courage, shame)
- 3) Eyes and emotions or experiences by which one appears to be affected exogenously (insanity, eros²⁷)
- 4) Eyes and perception/knowledge
- 5) Eyes and health: mental (in)sanity, physical fitness, death.

²⁶ Compare *Aethiopsis* fr. 5a West, where the physician Podaleirios recognises (μάθε) Ajax's insanity precisely through the eyes: ὅς ῥα καὶ Αἴαντος πρῶτος μάθε χωμένοιο | ὄμματά τ' ἀστράπτοντα βαρυνόμενόν τε νόημα ('and so he was the first to recognise the shimmering eyes and the oppressed mind of the bilious/deranged/furious Ajax'; see Mattes 1970, 65; West 2013, 160–1 for more parallels for eyes in 'mental arousal').

²⁷ In fact, it is not only negative or aggressive emotions and mental states that work through the eyes, although these are prevalent; eros is a positive example of strong emotion emanating from the eyes or reaching into them. The process is one of *dripping* in the song at Eur. *Hipp.* 525–7: 'Eros, Eros, you who down through the eye | drip desire (ὁ κατ' ὀμμάτων | στάζων πόθον), spreading

How does the medical evidence relate to this background of traditional associations between eyes and mental life? The impression is that the first three connections, topical in literary representations and endowed with clear ethical value and personal involvement, are irrelevant in medical texts, while the other two (perception/knowledge and health) have a central importance. Traffic between these two is found instead at *Probl.* 31.3 (Mayhew II.316–8.9–15 = 957b9–15), where the question is posed as to why eyes grow red in angry people (ὀργιζόμενοι) as well as in cases of cowardice (ἡ δειλία), while ears do so in connection with shame (αἰσχυνόμενοι). The answer opposes the upward movement of heat in the case of anger to the cooling that occurs with the other two emotions. In this way a potential psychological fact undergoes physiological reduction; such explicit communication between the two environments, ethical-psychological and physiological, is much less common in our texts (with the exception of the emotion of anger, as we shall see).

The most exhaustive treatment of the meaning of behaviour of the eyes in our sources is *Prog.* 2 (7.1–9.1 Jouanna = 2.116.2–118.2 L.). This passage does not address insanity only; the eyes play a general role as part of the *facies* of patients with acute diseases.

[If the disease lasts longer than three days, one should] examine the other symptoms, of the face generally and of the eyes. For if they shun the light, weep involuntarily or are distorted, or if one becomes smaller than the other, or if the whites are red or livid or have black veins in them, or should rheum appear around the eyeballs, or should they be restless or protruding or very sunken, or if the complexion of the whole face is changed – all these symptoms must be considered bad, in fact fatal. You must also examine the partial appearance of the eyes in sleep. For if part of the white appears when the lids are closed, should the cause not be diarrhoea or purging, or should the patient not be in the habit of sleeping thus, the symptom is unfavourable and in fact quite deadly.

sweet pleasure | into the soul (ψυχῆ) against which you move war' (see Barrett 1964, 258 *ad loc.*); compare Hes. *Theog.* 910 for (κατ)εἶβω, 'drip', used of desire (τῶν καὶ ἀπὸ βλεφάρων ἔρος εἶβeto δερκομενάων λυσιμελής). If erotic experiences are absent from the Hippocratic texts, they are considered in the pseudo-Aristotelian *Problemata*, where a somewhat more prosaic interpretation of the association between erotic ecstasy and eye behaviour is offered. At *Probl.* 4.2 (Mayhew I.146.5–6 = 876b5–6), the question is 'Why do both the eyes and the anus of those who engage in sex a great deal sink in very noticeably, though the latter are near [the sexual organs] and the former are far from them?' The answer has to do with the concerted effort of the body in the production of semen and the fact that both parts become most heated during the act and play an important role in sex (οἱ δ' ὀφθαλμοὶ καὶ τὰ περὶ τὴν ἔδραν ἐπιδήλως συμπονεῖ; cf. also *Probl.* 4.3). Here too the eyes are interpreted as an objective sign of the underlying physiology, not as a mirror of individual feelings.

καὶ τὰ ἄλλα σημεῖα σκέπτεσθαι τὰ τε ἐν τῷ ζύμπαντι προσώπῳ καὶ τὰ ἐν τοῖσιν ὀφθαλμοῖσιν. ἦν γὰρ τὴν αὐγὴν φεύγωνσιν, ἢ δακρύωσιν ἀπροαιρέτως, ἢ διαστρέφονται, ἢ ὁ ἕτερος τοῦ ἑτέρου ἐλάσσων γίνηται, ἢ τὰ λευκὰ ἐρυθρὰ ἴσχωσιν ἢ πελιδία ἢ φλέβια μέλανα ἐν ἑωυτοῖσιν ἔχωσιν, ἢ λῆμαι φαίνονται περὶ τὰς ὀφθας, ἢ ἐναιωρεύμενοι ἢ ἐξίσχοντες ἢ ἔγκοιλοι ἰσχυρῶς γινόμενοι, ἢ τὸ χρῶμα τοῦ ζύμπαντος προσώπου ἡλλοιωμένον ἢ, ταῦτα πάντα κακὰ νομίζειν εἶναι καὶ ὀλέθρια. σκοπεῖν δὲ χρὴ καὶ τὰς ὑποφάσις τῶν ὀφθαλμῶν ἐν τοῖσιν ὕπνοισιν· ἦν γάρ τι ὑποφαίνεται τοῦ λευκοῦ συμβαλλομένων τῶν βλεφάρων, μὴ ἐκ διαρροίης ἢ φαρμακοποσίης ἐόντι, ἢ μὴ εἰθισμένῳ οὕτω καθεύδειν, φλαῦρον τὸ σημεῖον καὶ θανατῶδες σφόδρα.

Compare *Coac.* 213–17 (155.14–157.12 Potter = 5.630.11–632.12 L.):²⁸

213. Clearness of the eyes, or their whites becoming clear after they have been dark or livid, is a favourable sign. Now if they clear quickly, it indicates a rapid crisis, if slowly, then a slower crisis. 214. Dimness of the eyes, or the whites becoming red or livid or full of dark vessels, is not good; also negative are for the eyes to turn away from the light or pass tears or look awry, or for one eye to become smaller than the other; also bad is for the eyes to move around frequently in an indiscriminate manner, or for there to be small eyesores around them, or for them to have a thick speck, or for the white to become larger and the black smaller, or for the black to be hidden under the upper eyelid. Bad signs are also a hollowness of the eyes, excessive protrusion, a brightness of the lustre so that the pupil cannot dilate, inversion of the eyelashes (trichiasis) and fixation of the eyes, continual blinking or changes of colours. For the eyelids not to come together in sleep is a fatal sign. It is also a bad sign for one eye to look awry. 215. Redness of the eyes developing in a fever indicates that there will be a chronic disturbance of the cavity. 216. Abscesses beside an eye during recovery announce a violent discharge of the cavity. 217. In the case of strabismus, weariness or fever, a chill is a fatal sign; patients who simultaneously fall into a coma – trouble.

213. ὀφθαλμῶν καθαρότης καὶ τὰ λευκὰ αὐτέων ἐκ μελάνων ἢ πελιδίων καθαρὰ γίνεσθαι, κρίσιμον· ταχέως μὲν οὖν καθαιρομένων, ταχεῖαν σημαίνει κρίσιν, βραδέως δὲ βραδυτέραν. 214. τὸ ἀχλυῶδες τῶν ὀφθαλμῶν, ἢ τὸ λευκὸν ἐρυθραίνόμενον ἢ πελιδινοῦμενον ἢ φλεβίων μελάνων πληρούμενον, οὐκ ἀστέιον· φλαῦρον δὲ καὶ τὸ τὴν αὐγὴν φεύγειν ἢ δακρύειν ἢ διαστρέφεσθαι, καὶ τὸν ἕτερον ἐλάσσω γίνεσθαι· πονηρὸν καὶ τὸ τὰς ὀφθας πυκνὰ διαρρίπτειν ἢ λημῖα σμικρὰ περὶ αὐτὰς ἢ αἰγίδα λεπτήν ἴσχειν ἢ τὸ λευκὸν μέζον γίνεσθαι, τὸ δὲ μέλαν ἔλασσον,

²⁸ The *Coan Prenotions* are generally taken to be a compilation of medical material based on earlier prognostic texts, possibly dating as early as the end of the fifth century (see Craik 2015, 52). Their reformulation, however, sometimes reinforces or sheds more light on the interpretation of signs as related to mental health.

ἢ κρύπτεσθαι τὸ μέλαν ὑπὸ τὸ ἄνω βλέφαρον· πονηρὸν δὲ καὶ κοιλότης ὀμμάτων, καὶ ἐκθλιψις ἔξω σφοδρῇ, καὶ λαμπηδόνος ἐκθλιψις, ὥστε μὴ δύνασθαι τὴν κόρην ἐκτείνεσθαι, καὶ βλεφαρίδων καμπυλότης καὶ πῆξις ὀμμάτων, συνεχέως τε μύειν, καὶ χρώματα μεταβάλλειν· καὶ βλέφαρα μὴ συμβάλλειν ἐν τῷ καθεύδειν ὀλέθριον· κακὸν δὲ καὶ ἰλλαίνων ὀφθαλμός. 215. ὀφθαλμῶν ἔρευθος ἐν πυρετῷ γενόμενον κοιλῆς πονηρίην χρονίην σημαίνει. 216. αἱ παρ' ὀφθαλμὸν ἐπαναστάσεις ἐν τῇσιν ἀνακομιδῇσι κοιλὴν καταρρηγνύουσιν. 217. ἐπὶ ὀμμάτων διαστροφῇ, κοπιώδει, πυρετώδει, ῥίγος ὀλέθριον· καὶ οἱ κωματώδεις ἐν τουτέοισι, κακόν.

The examination of the eyes covers a broad range of qualities with various implications, but none is associated with permanent traits of the person (as in physiognomics²⁹) or with emotional facts. The eyes are read as organs of sight, as more or less capable of perception and more or less sensitive to light; they are noticed for their external appearance (having certain colours and capacities of movement, being swollen or sunken in form, etc.); they are organs that signal sleep and produce tears.

(In)ability to control eye movement appears several times in the context of mental disorder. The physicians consider an inability to look up or to look straight relevant in the context of mental health; deviation in the direction of the gaze is also to be noted and kept in check. At *Morb.* 2.22 (156.16–18 Jouanna = 7.36.19–21 L.), in a context of ἀφωνίη caused by drunkenness and associated with the recovery of intelligible speech (μὴ φλυσηρῇ), the author comments that ‘if this patient raises his eyes’ (ἀνατείνας τοὺς ὀφθαλμούς) ‘on the next day he recovers’. Conversely, an inability to look up (τοῖς ὀφθαλμοῖς οὐ δύναται ἀνορᾶν) is negative at *Int.Aff.* 29 (174.14–15 Potter = 7.242.26–244.2 L.) in the context of a hepatic disease in which explicit mental features are dominant: ‘s/he quickly grows manic, tosses about and talks nonsense. And s/he barks like a dog’ (τάχιστα μαίνεται καὶ ἀναίσσει καὶ διαλέγεται ἀσύνετα. καὶ ὕλακτέει ὡς κύων). At *Int.Aff.* 39 (200.9–10 Potter = 7.262.5–6 L.), the same inability to look up (οὐδὲ τοῖσιν ὀφθαλμοῖσιν ἀνορᾶν δύναται) appears in a case of *typhus*,³⁰ again within a cluster of mentally relevant notes, such as the patient’s failure to reply to questions or interact (καὶ ἦν τις αὐτὸν

²⁹ The physiognomist looks at a huge number of characteristics for the eyes (see Cairns 2005b, 143 for a list: ‘size, shape, prominence, openness, brightness, moistness, colour, appearance of the iris, shape and size of the pupil, movement of eyes, lids and brows, appearance of the lashes, and more’), while the medical authors seem to concentrate selectively on a subset of these.

³⁰ Τύφος indicates in our sources a type of cold fever (described under four typologies at *Int.Aff.* 39–41, 200.1–210.18 Potter = 7.260.22–270.6 L.) that may be accompanied by mental disorder. It is used metonymically for delusion of the mind in later authors; see in particular Sextus Empiricus’ definition at *Adv. Math.* 8.5, ‘*typhus* ... which is a thinking of things that do not exist as if they existed’ (τύφον ... ὅπερ οἰησὶς ἐστὶ τῶν οὐκ ὄντων ὡς ὄντων). Etymologically the word is linked

ἔρωτᾷ τι, ὑπὸ τοῦ πόνου ἀκούων οὐ δύναται ὑποκρίνεσθαι). A lack of visual focus or intentional looking is connected with mental disturbance at *Mul.* 1.8 (8.36.5–7 L.), where the patient refuses to walk and anxiety and depressive feelings add to her distress: ‘she seems not to focus her gaze and is fearful’ (ἀλύκη ... καὶ οὐκ ἐθέλει περιπατεῖν, ἀθυμέει ... ἐμβλέπειν οὐ δοκέει, καὶ δέδιεν); just before this, we have been told that ‘before her eyes there will be darkness, sometimes also vertiginous movement’ (πρὸ τῶν ὀφθαλμῶν ζόφος ἔσται οἱ καὶ δῖνος, 8.34.22–36.1 L.). At *Mul.* 2.133 (8.282.15–16 L.), as the womb presses against the hip joints, patients become ‘deranged in their mind’ (παράφοροι ... τῇ γνώμῃ), and ‘the eyes are hard/rigid/dry and cannot look sharply’ (καὶ οἱ ὀφθαλμοὶ σκληροὶ, καὶ βλέπουσιν οὐκ ὀξέα); no other connection with the physiology of the eye is present to justify this detail other than general mental disturbance.

Towards the end of an illness with headache and ear distress extending over a long period and notable for the memory impairment and delirium it caused, the son of Cydis ‘no longer closed his eyes, but had a fixed stare (ἀτενὲς ἐνορῶν),³¹ raising his eyelids upward (διαίρων τὰ βλέφαρα), as when something falls into the eye’ (*Epid.* 7.5, 54.21–3 Jouanna = 5.376.4–5 L.). Control of the eyes had already been mentioned at *Prog.* 7 (17.10–18.3 Jouanna = 2.126.4–6 L.), which discusses patients in whom disturbance or delirium is indicated by a throbbing in the *hypochondrium*. The eyes of such patients ought to be examined, ‘for if their glances move rapidly about (ἦν γὰρ αἱ ὄψεις πυκνὰ κινέωνται), you may expect the patient to go mad (μανῆναι ἐλπίς)’.³²

The **quality of the gaze** can also reveal a patient’s mental health. An ‘intelligent glance’ (ἐμβλέψεις ἐμφρονώδεις) is an important sign, as in the case of Polycrates’ wife at *Epid.* 7.7 (56.15 Jouanna = 5.378.15 L.), who ‘gave very alert looks until the final moments’. A fixed stare, as we have seen, is negative, since it signals the opposite, as at *Morb.* 3.9 (76.21–2 Potter = 7.128.7 L.), where patients developing *phrenitis* become deranged (ἐκφρονέες εἰσι) and stare with a fixed gaze (ἀτενὲς βλέπουσι). At *Morb.* 2.68 (207.1–7 Jouanna = 7.104.1–7 L.), the sign is associated with a disease that causes headache and bilious vomiting; the patient ‘cannot look up’, οὐ δύναται ἀνορᾶν, and later ‘stares as if he were being strangled’ (ἐξορᾷ ὡς ἀγχόμενος). At *Coac.* 223 (156.25–6 Potter = 5.632.18–21 L.), this ‘rigidity/

to τύφομαι, ‘give off smoke, be reduced to ashes’, applied to fevers. This suggests specifically the state of stupor and dumbness connected with high fever, or metaphorically may indicate a smoky, hazy mind.

³¹ On this sign, see also Pigeaud (1981/2006) 27, 76 with n. 199.

³² See also *Coac.* 276 (170.14–15 Potter = 5.646.3–4 L.).

fixity of the eyes' (ὀμμάτων ὀρθότης) is registered in acute diseases, in which rapid movement of the eyes (κίνησις ὀφθαλμῶν) may provoke a haemorrhage and in some cases develop further into *phrenitis*.

Physical trauma is often the cause of a significant quality of the gaze, as observed in various *Epidemics* cases. At *Epid.* 5.50, in a patient suffering from fever and breathing problems as well as a speech impediment (ἀναυδία) and generally prostrated (κατεφέρετο) following a blow to the forehead, there are problems with eyesight (23.17; 24.2 Jouanna = 5.236.13; 236.20 L.): darkened vision (ἐσκοτώθη) at the beginning and a 'stricken eye' (ὀφθαλμός καταπλήξ) at the end.

Some examples offer explicitly mental contexts in which the quality of the gaze is highlighted. At *Epid.* 6.7.6 (156.1–158.6 Manetti–Roselli = 5.340.8–11 L.), voice and disturbed eyes (ὀμματα παραχώδεα) are from the start signs of anger/heightened emotion (σημεῖον ὀργῆς), especially severe if the person naturally (φύσει) has eyes like those of someone angry. In the patient at *Epid.* 7.25 (67.1–3 Jouanna = 5.396.3–4 L.), eyes that are weary-looking and reluctant to move up and down or laterally (ὀμματα ὡς κοπιώσης· χαλεπῶς ἀνέβλεπε καὶ περιέφερε) are inserted in a detailed narrative of insanity with rich mental details, the case of the wife of Theodorus (67.3–12 Jouanna = 5.396.7–11 L.). Eventually (67.14–15 Jouanna = 5.396.13–14 L.) the woman 'did not close her eyes' (τοὺς δ' ὀφθαλμοὺς οὐ ξυνῆγεν) and had 'her eyes similarly downcast, inclining more toward the lower lid, staring, torpid; the white of the eyes yellowish and like those of a corpse' (ὁμοίως οἱ ὀφθαλμοὶ κατηφεῖς, ἐς τὸ κάτω βλέφαρον μᾶλλον ἐγκείμενοι, ἀτενίζοντες <ὡς> κεκαρωμένων· τὰ λευκὰ τῶν ὀφθαλμῶν ὠχρὰ καὶ νεκρώδεα, 67.18–20 Jouanna = 5.396.16–18 L.). In another case, a patient's eyes become 'coloured, swimming/watery' (Jouanna: "flottant"), like those of people having trouble staying awake, together with hesitating speech' (ὀφθαλμοὶ κεχρωσμένοι, πλέοντες ὥσπερ τῶν νυσταζόντων), at *Epid.* 7.17 (63.13–14 Jouanna = 5.390.11 L.).

The wife of Hermoptolemus at *Epid.* 7.11 (58.21–61.24 Jouanna = 5.382.13–386.22 L.) is a key example of clear-cut mental disorder in the *Epidemics*. Here there is an accumulation of the mental signs that typify our texts (troubled sleep, speech impairment, behavioural oddities, shouting, frights, leaping and tossing about). The narrative is punctuated by numerous references to the eyes: 'childish weeping, crying out, frights and glancing about' (περιβλέψεις, 59.22 Jouanna = 5.384.7 L.); in the end, 'the area around her eyes and the looks of her eyes were bad' (ὕπωπια καὶ ἐμβλέψεις ὀφθαλμῶν πονηραί; later τὰ περὶ τὴν ὄψιν πονηρά, Jouanna 61.3–4, 10–11 = 5.386.4–5; 11 L.); and finally 'her eye was large in the morning and her vision short ... towards evening there was a movement of the right eye, as though

seeing or seeking something, from the outer corner towards the nose (ἐκ τοῦ ἑξω κανθοῦ πρὸς ῥῖνα)' (61.17–22 Jouanna = 5.386.16–20 L.).³³

Among very serious cases and those destined to be fatal, at *Coac.* 476 (222.8–10 Potter = 5.690.12–13 L.), certain types of derangement are accompanied by heavy breathing and gazing about with the eyes (ὄμμασι περιβλέπουσαι), leading to μανία. Visual abilities are included among the areas of distress; more importance is given to how the eyes look and behave. In all these instances, it is worth repeating, the external appearance of the eyes or the gaze are never connected to the mental level via the physiognomic route. These features of the eye are important as expressing a present mental suffering, not as a kind of 'mirror into the soul', and as such they draw on a vast repertoire of traditional associations.

External appearance of the eye. Complementary to these observations are remarks about the eyes from a purely external, aesthetic point of view: how they look, regardless of their functioning and behaviour. The swollen and sunken eyes that appear in the *facies* described at *Prog.* 2 (4.1–9.5 Jouanna = 2.112.13–118.6 L.) stand out as part of the stock appearance of mental disorder. With trauma, for example: at *Epid.* 7.31 (70.15–71.1 Jouanna = 5.400.20 L.), a wound to the liver is followed by 'sinking/hollow eyes' (ὄμματα κοῖλα), and then by signs of mental damage such as tossing about and distress (ἀλυσμός, δυσφορίη). At *Morb.* 2.67 (205.20–2 Jouanna = 7.102.7–8 L.), just before the patient suffers distress and begins to talk nonsensically, 'the sockets do not have room for his eyes' (τοὺς ὀφθαλμούς αἱ χῶραι οὐ χωρέουσι); they are swollen and protruding. Traces of blood in the eyes, already mentioned, are a negative sign, supposedly because they show a clogging of the vessels or an excess of liquid, both linked to an overflowing of fluid into the head, which is in turn responsible for mental trouble (although the connection is not made explicit). At *Epid.* 7.11 (59.11 Jouanna = 5.382.24 L.), the patient has a bloodshot (ὑφαίμων) about the right eye before suffering a crisis with leaping about, shouting and feelings of pain and fright. Likewise, the deranged patient at *Epid.* 7.5 (54.6–7 Jouanna = 5.374.16–18 L.: παραλήρησις, μανικῶς) has 'rapid movement of the eyes and glancing about' (τῶν ὀφθαλμῶν πυκνὴ κίνησις καὶ ἔμβλεψις), and bloodshot (ὑφαίμων) in the right eye with a swollen eyelid (54.17–18 Jouanna = 5.374.25–376.1 L.). Bloodshot in the eyes (or

³³ 'Toward the nose' probably alludes to squinting or looking downward in general: compare *Probl.* 31.7 (Mayhew II.322.16–18 = 958a16–18), where eye behaviour is described: 'some people turn their eyes sideways ... others towards the nostrils'. As Mayhew comments *ad loc.*, 323 n. 14, 15, the look towards the nostrils might better be interpreted as a downward glance.

on the face) is a recurring sign; cf. the constitution at *Epid.* 3.14 (231.15–16 Kühlewein = 3.98.1–3 L.): ‘a melancholic or sanguine complexion’ exposes a person to ‘acute fevers, *phrenitis* or dysenteric troubles’ (τὸ μελαγχολικόν τε καὶ ὕφαιμον· οἱ καῦσοι καὶ τὰ φρενιτικὰ καὶ τὰ δυσεντεριώδεα τούτων ἦπτετο).³⁴ At *Prorrh.* 1.88 (85.13–86.1 Polack = 5.532.7–9 L.), protruding eyes (ὄμμα θρασύνοντες) and ‘cataleptic delirium’ (κατόχως παρακρούοντες),³⁵ can predict *opisthotonus*, a disease that also has mental elements. Most explicitly, *Epid.* 6.1.15 (18.3–4 Manetti–Roselli = 5.276.1 L.) offers the general statement that ‘a bold/swollen/protruding eye is a sign of derangement’ (ὄμματος θράσος, παρακρουστικόν),³⁶ while at *Mul.* 1.41 (8.100.8–10 L.) the physician notes that in some cases one may find ‘bold/swollen/protruding and squinting eyes’ (θράσος ὀμμάτων ἰλλωδέων) associated with disorderly speech (ἄλλοφάσσει) and simple insanity (παράνοιαι ... μανιώδεις).

The quality of being ‘shiny, bright’ (λαμπρόν/ἐκλάμπειν) is also relevant to the appearance of the eye. λαμπρόν is difficult to translate here: does it indicate brightness and moisture of the ocular bulb, or clarity of vision? At *Prorrh.* 1.124 (93.4–6 Polack = 5.554.1–3 L.), the patients are expected to remain ill for a long time when there are convulsions with ‘eyes bright and fixed’ (ὀφθαλμοὶ ἐκλάμπουσιν ἀτενές) and they are ‘beside themselves’ (οὔτε παρὰ σφίσιν αὐτέοις) and gravely ill.³⁷ I have commented already on the element of fixity. ἐκλάμπω might refer instead to a blazing quality

³⁴ More examples of ὕφαιμον, ‘blood-coloured’ or ‘blood-shot’, in the face or eye of mentally ill patients: *Epid.* 7.5 (54.17–21 Jouanna = 5.374.25–376.3 L.), Cydis’ son again; at *Epid.* 7.11, 59.10–11 Jouanna = 5.382.23–4 L., the wife of Hermoptolemus, ‘there was a bloodshot in her right eye, and weeping’ (καὶ ἐπ’ ὀφθαλμοῦ τοῦ δεξιοῦ τὸ ὕφαιμον ἦν καὶ δάκρυον ἦν); at *Morb. Sacr.* 15 (28.14–29.3 Jouanna = 6.390.5–7 L.) ‘the face is flushed, and the eyes are red, in particular when a man is afraid and his mind contemplates some evil act’ (τότε μάλιστα τὸ πρόσωπον φλογιᾶ καὶ οἱ ὀφθαλμοὶ ἐρεύθονται ὅταν φοβῇται καὶ ἡ γνώμη ἐπινοῇ τι κακὸν ἐργάσασθαι).

³⁵ ‘Cataleptic delirium’ is Potter’s translation; on this difficult term, see p. 170 n. 199 below. Galen on this passage (*Comm. Hipp. Prorrh.* I, 2.55, XVI.683–4 K. = 95.30–96.2 Diels) specifies that the so-called *katochoi* (κατόχους καλούμενους) have eyes ‘spread out, not closed like the comatose or the *kataphorikoi*’ (ἀναπεπταμένους ἔχοντας τοὺς ὀφθαλμούς, οὐχ ὡς οἱ κωματώδεις καὶ οἱ καταφορικοὶ κεκλεισμένους). Different eye appearances allow precise differential diagnoses of mental pathology. In Galen, the neural explanation is inserted; the semiotic distinction was, however, already found in the Hippocratic text.

³⁶ On the interpretation of θράσος here and elsewhere as ‘wild’ as opposed to ‘protruding’, see Chapter 5, pp. 295; 351–2 (on Potter). Galen takes this as a ‘bold eye’ with ethical overtones: ‘boldness is a deranged sign, and particularly so when it grows shameless’ (ὅταν ἀναιδημόνως γίνεται) (my translation, *Comm. Hipp. Epid.* VI, 1.31, 59.21–3 Wenkebach-Pfaff = XVIIa.895 K.).

³⁷ The passage is commented on by Galen (*Comm. Hipp. Prorrh.* I, 3.31, XVI.781–2 K. = 143.22–144.18 Diels), who easily recognises the eye sign as typical of mental weakness: ‘they are deranged in their mind’ (παραφέρεσθαι τὴν γνώμην), a state also signalled by a flashing in the eyes (καὶ τῶν <ἀτενῶς> ἐκλαμπόντων ὀφθαλμῶν). He compares to the same effect the Hippocratic statement regarding bold/swollen eyes (ὄμματος θράσος παρακρουστικόν) as relevant to mental health. Brightly staring eyes

of the gaze; to shiny, tearful eyes; or to the quality of vision. λάμπω was encountered already in poetic instances, and another use is found at *Il.* 13.474, of the fierce eyes of a boar defending his territory, an image for Idomeneus (ὀφθαλμῷ δ' ἄρα οἱ πυρὶ λάμπετον). The passage is usually translated with the familiar metaphorical expression 'to blaze, to burn' (other verbs from the same semantic area such as δαίω are also common), so that the Hippocratic author seems to be exploiting a familiar topos. For the medical phrase, however, translators opt for literal meanings indicating the appearance of the eye: 'to be bright', 'to be shiny'.

What is actually meant in the *Prorrhethikon* passage might be one of two things, the expressiveness of the gaze or a concrete datum about the eye. In other cases, the context offers some clarity. With Phoenix, for instance, at *Epid.* 7.88 (102.9–11 Jouanna = 5.444.22–3 L.; cf. *Epid.* 5.83, 38.5–7 Jouanna = 5.250.18–19 L.), ἐκλάμπω is clearly used to describe the perception of the patient, who 'seems (ἐδόκει) to see flashing lights' or 'it seems to him that a flashing is emerging from his right eye' (τὸ Φοίνικος· ἐκ τοῦ ὀφθαλμοῦ τοῦ δεξιοῦ τὰ πολλὰ ὥσπερ ἀστραπὴν ἐδόκει ἐκλάμπειν). At *Mul.* 2.116 (8.250.21–3 L.), in the ill woman 'the bulbs become dull to look at, and lustre is absent, and the eyes are whitish in colour, and vision is impaired' – 'le brillant en est effacé' in Littré's translation (οὐ πάνυ εὐεидέα τὰ τῶν ὀφθαλμῶν, καὶ τὸ λαμπρὸν ἄπεστι, καὶ γλαυροὶ οἱ ὀφθαλμοὶ καὶ ἀμβλυώσσοντες).

These two aspects, quality of vision and appearance of the eyes, remain unresolved in many cases³⁸ and are perhaps supposed to be ambivalent. Thus at *Morb.* 2.1 (132.6–11 Jouanna = 7.8.6–10 L.), the quality of the eye, its being λαμπρός, is connected to both its appearance and its ability to perceive objects: 'patients see unclearly, in this condition, when phlegm enters the small vessels of their eyes; for the pupil becomes more watery and turbid, and the clear part of the eye is no longer as clear as it was, and the image does not appear in it, when it wishes to see, the same as when it was clear and pure' (ἀμβλυώσσουσι δ' ὅταν ἐς τὰ ἐν τοῖσιν ὀφθαλμοῖσι φλέβια ἐσέλθῃ φλέγμα· ὑδαρεστέρα τε γὰρ γίνεται ἢ ὄψις καὶ θολερωτέρα καὶ τὸ λαμπρὸν ἐν τῷ ὀφθαλμῷ οὐχ ὁμοίως λαμπρὸν ἐστὶν οὐδὲ καταφαίνεται ἐν αὐτῷ ἢν θέλῃ ὁρᾶν ὁμοίως ὥς καὶ ὅτε λαμπρὸς καὶ καθαρὸς ἦν).³⁹

(ὀφθαλμοὶ ἐκλάμπουσιν ἀτενέως) go with 'not being in one's senses' (οὔτε παρ' ἐωυτοῖσιν εἰσι) as well as with long-lasting illnesses also at *Coac.* 345 (184.21–3 Potter = 5.658.5–7 L.).

³⁸ I discuss vision as sensory perception in more detail in [Chapter 4](#).

³⁹ λαμπρότης and the like are qualities that can be attributed to the clarity and purity of water and air, as several instances in *Aer.* 15 show (e.g. 227.1 Jouanna = 2.62.5 L.) and at *Morb. Sacr.* 13 (e.g. 23.13

A more vivid part of the behaviour of the individual, and an obvious and well-known mental sign, is compulsive eye behaviour (eye rolling and glancing to the side), a stock feature in representations of the madman (e.g. in tragedy, as already noted).⁴⁰ τὰ ὄμματα διαστρέφονται, ‘the eyes are deviated/diverge’ during an epileptic crisis (*Morb. Sacr.* 7, 15.1–2 Jouanna = 6.372.7–8 L.) just before complete loss of reason occurs (οὐδὲν φρονέουσιν). This is part of the archetypal representation of this disease, but is extended to other states of mental disturbance. At *Epid.* 2.5.11 (5.130.12–14 L.), ὀφθαλμῶν διαστροφὰι are again connected with epilepsy; at *Epid.* 5.40 (20.6–8 Jouanna = 5.232.2–4 L.), within a case of fever, after derangement (παρενόησε) come διεστραμμένα ... ὄμματα.⁴¹ *Prorrh.* 2.10 (244.14–15 Potter = 9.28.25 L.) places a sudden inappropriate appearance of the eyes (ἐξαπίνης οἱ ὀφθαλμοὶ διεστράφησαν) and epilepsy together in child patients. At *Mul.* 1.32 (8.76.7–8 L.), the patient affected by hysterical movements pressing on her stomach reproduces the same epileptic sign with speechlessness: ‘speechlessness seizes the woman, and she casts the white of her eyes upward’ (καὶ ἀναυδὴ ἴσχει τὴν γυναῖκα, καὶ τὰ λευκὰ ἀναβάλλει τοῖν ὀφθαλμοῖν). At *Probl.* 31.7 (Mayhew II.322.16–18 = 958a16–18), eyes showing the white or twisting about are explicitly connected with mental life and health. The author describes how ‘some turn their eyes sideways, for example the insane, and others towards the nostrils, like tragic masks and austere individuals; *for the way one looks is in accord with one’s thinking*’ (ἕτεροι δὲ εἰς τὸ πλάγιον, ὥσπερ οἱ μανικοὶ, οἱ δὲ εἰς τοὺς μυκτῆρας, ὥσπερ τὰ τραγικὰ πρόσωπα καὶ οἱ στρυφνοὶ· σὺννου γὰρ τὸ βλέμμα).

Opaque eyes are also important; at *Prorrh.* 1.17 (77.2 Polack = 5.514.10–11 L.), ‘eyes with a wool-like covering’ (ὄμματα ἐπίχνουν ἴσχοντα), along with other manifestations – nausea, a shrill voice – are associated with μανία, are μανικά.⁴² At *Int.Aff.* 43 (216.13–14 Potter = 7.274.4 L.), a case of *typhus*, several mental signs

Jouanna = 6.384.9 L.); to blood as a risk factor (e.g. *Aer.* 9, 210.11 Jouanna = 2.38.26 L.; *Epid.* 7.80, 96.5 Jouanna = 5.436.12 L.; *Coac.* 593, 256.18–19 Potter = 5.722.6 L.); to a quality of the individual with respect to his soul at *Vict.* 1.28 (144.21–2 Joly-Byl = 6.502.6 L., ‘these men become bright in their souls and strong in their bodies’, γίνονται οὗτοι ἄνδρες λαμπροὶ τὰς ψυχὰς καὶ τὰ σώματα ἰσχυροὶ; 144.28–9 Joly-Byl = 6.502.14 L., ‘these are less bright than the previous ones’, οὗτοι ἥσσαν μὲν τῶν πρότερον λαμπροί). In *Regimen*, the term is used instead to refer to the brightness of the object observed.

⁴⁰ Especially evocative of maenadic behaviours and in contexts of Dionysiac frenzy: cf. Euripides’ *Bacchae* (1122–3, διαστρόφους | κόρας ἐλίσσουσ’). See Finglass (2011) 269–70 for διαστροφ- qualifying ‘disorder and/or madness in the eyes’.

⁴¹ See also *Prog.* 2 (7.1–3 Jouanna = 2.116.5 L.); *Coac.* 72 (19–21 Potter = 5.600.4 L.), 214 (5.630.17 L.), *Morb. Sacr.* 7 (16.2 Jouanna = 6.374.3–4 L.); *Epid.* 2.5.11 (72.14 Smith = 5.130.13 L.) for similar instances of distorted eyes.

⁴² Likewise at *Coac.* 550 (242.20–2 Potter = 5.710.1 L.).

are combined with the habit of seldom blinking (τοῖσιν ὀφθαλμοῖσιν ἄραια καρδαμύσσει), and with crocydism (the patient 'plucking' at his blankets) and a taste for the smell of candles perceived as pathological. In *Coac.* 77 (122.4–5 Potter = 5.600.10 L.), no reference is made to mental issues, but there is a connection between lying speechless with a fever and eyes 'closed and blinking' (μύοντες σκαρδαμύσσουσιν).

A term that recurs with reference to the eyes at the crossroad between the visualisation of the patient, the eyes as instrument and organ, and the mental sphere is ἱλαίνω (with cognates). The noun defining the pathology, 'vertigo' (ἱλιγγος), appears only in the *Aphorisms*: at 3.17 (404.10 Magd. = 4.494.5 L.) as an affection caused by southern constitutions; at 3.23 (406.11 Magd. = 4.496.11 L.) as a winter ailment; and at 3.31 (409.2 Magd. = 4.500.16 L.) as a pathology associated with old age. Nowhere in these passages does it have an explicit mental connection. The condition is characterised by vertigo and dizziness, and by rotating, blurred, darkened vision (σκοτοδινεῖν⁴³ is a related term in our texts); the subjective sensory experience appears to be central to the noun. In contrast to ἱλιγγος, a wider sense appears to be ascribed to the verbs ἱλιγγιάω and ἱλλαίνω, which in the Hippocratic texts describe a visible behaviour of the eye, and of one eye in particular – more commonly the right one:⁴⁴ 'squint' or 'be distorted'. This sign sometimes appears together with mental disturbance: at *Epid.* 3.1 case 11 (222.19–20 Kühlewein = 3.62.4–5 L.), we read παρέκρουσε, φόβοι, δυσθυμία. δεξιῷ ἱλλαινε; in a case of ear trouble at *Epid.* 4.12 (94.8–9 Smith = 5.150.17 L.), the patient is ἄφωνος and has instability, this time of the left side, ἀριστερά δὲ ἱλλαινε αἰνῶς ὀδυνώμενος.⁴⁵ Moreover, ἱλλωσις is a 'bad sign' generally, ὀφθαλμῶν ἱλλωσις κακόν at *Prorrh.* 1.69 (83.1–2 Polack = 5.526.13 L.).⁴⁶ Strabismus,

⁴³ For which, see Chapter 4.

⁴⁴ As for other pathologies, which appear to be attributed mostly to the right eye. At *Epid.* 2.6.15 (80.13 Smith = 5.136.5–7 L.), we find a general statement about the right side of the body being of greater weight (right breast, right eye, seen as 'having the greatest force with regards to nature' (περὶ φύσιος δύναιμι πλείστην), as males are also 'engendered on the right' (ἐμπέφυκε τοῖσι δεξιόσι τὰ ἄρσενα); an obscure passage that suggests, however, the significance of the right side of the body. See also *Probl.* 31.12 (Mayhew II.326.17–19 = 958b17–19): 'Why are not the senses finer on the right side of the body, although in all other respects the right parts are stronger?' (διὰ τί οὐ διαφέρουσιν αἱ αἰσθήσεις αἱ ἐν τοῖς δεξιοῖς τῶν ἀριστερῶν, ἐν δὲ τοῖς ἄλλοις πᾶσι κρείττω τὰ δεξιά:).

⁴⁵ See also δεξιῷ ἱλλαινε at *Epid.* 31 case 11 (222.20 Kühlewein = 3.62.5 L.), and *Epid.* 4.12 (94.9 Smith = 5.150.17 L.) ἀριστερά δὲ ἱλλαινε ὡς ὀδυνώμενος; at *Coac.* 214 (156.5 Potter = 5.632.7 L.), ἱλλαίνων ὀφθαλμός; at *Morb.* 3.12 (80.4–5 Potter = 7.132.6–7 L.), οἱ ὀφθαλμοὶ δακρύουσι τε καὶ ἱλλαίνονται.

⁴⁶ The sign is clarified by Galen as associated with a pulling of the nerves in the forehead (τὴν ἀρχὴν τῶν νευρῶν παθεῖν) and compared with diverging eyes (σύμπτωμά ἐστιν ἡ τῶν ὀφθαλμῶν διαστροφή) as a bad sign (*Comm. Hipp. Prorrh.* I, 2.34, XVI.652 K. = 80.15–17 Diels).

ἐπ' ὀμμάτων διαστροφή, with a fever is fatal at *Prorrh.* 1.89 (86.1–4 Polack = 5.532.9–11 L.) and *Coac.* 217 (156.10–12 Potter = 5.632.10–12 L.); it is linked to κῶμα at *Prorrh.* 1.93 (86.16 Polack = 5.534.7 L.) and is a sign that can bring resolution in chronic epilepsy, as at *Judic.* 44 (14.6–7 Preiser = 9.290.12–13 L., τοῦ μεγάλου νοσήματος ἐν ἔθει γενομένου λύσις ... ἢ ὀφθαλμῶν διαστροφή).⁴⁷

2.3.1.1 Tears and Crying

Finally, tears and crying deserve attention. Modern readers expect this element to offer direct access to a level of personal psychology: crying is among the most immediate human expressions of emotional states and is apparently recognised across cultures. In our sources, however, lacrimation is primarily presented as an element of ophthalmic physiology that is important for the representation of turmoil and derangement, but with no emphasis on emotions or subjectivity. Upon reflection, this should cause no surprise. Despite their physiological nature, and against our instinctive expectations, tears should not be identified with a biologically universal, exact experience. Tears and crying have been increasingly scrutinised by psychologists (especially in a comparativist and anthropological spirit) and reassessed as cognitive event and culturally dependent elaboration (therefore constructed), since much as its biology is immediate and physiological, crying provides emotional release but is also a physical event and a piece of wider mechanisms of interpersonal and social negotiations – in Greek culture as in any other.⁴⁸ In our medical sources in particular, tears should not be taken primarily as characteristic of depression or mood variation; they are neutrally presented as the shedding of lacrimal fluids and not as an expression of grief. They are emotionally neutral, in the sense that the physicians are uninterested in their emotional significance.⁴⁹ Our

⁴⁷ See also *Probl.* 31.26 (Mayhew II.336.9–12 = 960a9–12) (and *Probl.* 31.27, Mayhew II.336–38.13–21 = 960a13–21) on the link between strabismus and epilepsy: ‘Why does the human being alone of animals or most of all suffer from strabismus? Is it because he alone or most of all is epileptic in his youth, which in every case is where strabismus occurs?’ (διὰ τί τῶν ζώων ἄνθρωπος ἢ μόνον ἢ μάλιστα διαστρέφεται; ἢ ὅτι ἢ μόνον ἢ μάλιστα ἐπίληπτον ἐν τῇ νεότητι γίνεται, ὅτε καὶ διαστρέφεσθαι συμβαίνει πᾶσιν:).

⁴⁸ See Fögen (2009a) 1–16 for a general discussion of the cultural variables behind tears and crying with reference to the ancient world.

⁴⁹ The neutrality of Hippocratic tears in regard to emotional considerations is in this case interestingly consonant with recent psychological observations about crying, emotions and the body. In studies that explore the two-way traffic between crying and emotions, tears are no longer considered the straightforward output of emotional intensity; see Kappas (2009) and Vingerhoets (2009) for the *status quaestionis* of the study of tears in the neurosciences and ‘biopsychology’. Current trends recognise human crying as not just the symptom of an all-important underlying emotion, which can

medical material, therefore, is interesting and often overlooked evidence for the constructedness of ancient emotions.

In our texts, tears are thus characteristically connected with mental disorder but not with heightened emotions such as grief. The connection to mental health is not made via the route of emotions and moods, but via the nature of lachrimation as an outlet for an excess of fluids in the physical system. The physiological backbone of this explanation is clarified in *On Sight (Vis.)* 9 (44.8–46.5 Craik = 9.158.19–160.16 L.), which explains the mechanisms of eyesight, connecting vision and tears to the cleanliness of the head: excessive moisture is accumulated behind the forehead, causing a ‘warming’ (46.3–5 Craik = 9.160.14–15 L.) that ought to be purged in cases of recurring ophthalmia, along with the lower belly. Thus some common aetiology between the production of tears, the functioning of the eye and faulty mental processes seems to emerge in this theory of eyesight. Similarly, at *Loc. Hom.* 13 (52.18–26 Craik = 6.298.14–22 L.) tears are connected to the functioning of the organs of vision in relation to the accumulation of phlegm following a flux to the eye, which is then discharged through lachrimation. An overload of fluid without release can impair vision and cause the subject to perceive sparks and see in a generally confused manner (μαρμαρυγῶδης μᾶλλον γίνεται, καὶ τὸ ὄξύ ὁρῶν τοῦ ἀνθρώπου ἀποσβέννυται, *Loc. Hom.* 13, 54.26–7 Craik = 6.302.3–4 L.).⁵⁰ What we have here is thus an association between tear formation and the origin of a disturbance in a mental function, rather than between the semiotics of crying and low or depressive feelings.

Even though the emotions are not foregrounded, the link between tears and subjectivity is not entirely elided from the medical accounts being scrutinised here, but emerges in the theme of *voluntariness* (as in ‘in accord with one’s disposition’ rather than ‘intentionally’). This aspect appears now and again in our texts, prompting questions about the nature of tears and

be restrained or let out, but as an event relevant and psychological in itself; see esp. Kappas (2009) 43 and following pages. See also Neu (2000) 14–40 for a similar assessment of the complications in the relationship between crying and emotion. Fögen (2009a) 1–6 gives a review of the study of tears in ancient culture, from which medical evidence is however absent.

⁵⁰ For more on the physiology of tears, see *Epid.* 6.5.1 (100.1–104.7 Manetti–Roselli = 5.314.5–11 L.), where blinking (τὸ σκαρδαύσσειν) and lachrimations (δάκρυα) are examples of nature being the best doctor (νούσων φύσις ἡτοιοί); these bodily manifestations are nature’s ways of ‘doing what is needed’ [and curing the damaged part] (along with other phenomena such as blinking, tongue movement, sneezing, having a runny nose, ear wax and so forth); see also *Epid.* 4.35 (122.1–3 Smith = 5.178.11–12 L.) for a description of the connections between eyes, ears and throat: ‘on the seventh day a salty, biting tear emerged from her eyes, and came down the nose and the throat and left ear’ (ἐβδόμη ἀλμῶδες ἐκ τῶν ὀφθαλμῶν ἦλθε δάκρυον, καὶ κατὰ ῥίνα καὶ κατὰ φάρυγγα καὶ οὖς ἀριστέρον).

the meaning of 'voluntariness' in medical sources. Several passages agree that tears are a negative sign when involuntary (ἀέκουσι, ἀπροαιρέτως), but positive or normal when voluntary (ἐκόντες, κατὰ προαίρεσιν): at *Aph.* 7.83 (476.1–2 Magd. = 4.606.6–7 L.), 'when in illnesses tears flow voluntarily (κατὰ προαίρεσιν) from the eyes, it is a good sign, when involuntarily (ἀνευ προαίρεσιος) a bad sign'; at *Epid.* 6.1.13 (14.1–2 Manetti–Roselli = 5.272.13–14 L.), 'weeping in patients who are severely afflicted with acute diseases: good if they are voluntary, but flowing involuntarily, bad' (δάκρυον ἐν τοῖσιν ὀξέσι τῶν φλαύρως ἐχόντων, ἐκόντων μὲν χρηστόν· ἀεκόντων δὲ παραρρέον κακόν) – which suggests that emotional crying is good, but lacrimation is not.⁵¹ At *Epid.* 4.46 (132.10–11 Smith = 5.188.16 L.), again, εἰ μὲν ἐκόντες δακρύουσιν, οὐ κακόν· οἷσι δὲ ἀκουσίως παραρρεῖ, κακόν; at *Prog.* 2 (7.3 Jouanna = 2.116.4–5 L.), 'if they shun the light or cry involuntarily' (ἥν γὰρ τὴν αὐγὴν φεύγωσιν, ἢ δακρύωσιν ἀπροαιρέτως) is listed among the deadly signs in the description of the *facies*. At *Epid.* 3.17, case 15 (244.3–4 Kühlewein = 3.142.8–9 L.), the demented wife of Delearces has 'tears and on the other hand laughter' (δάκρυα καὶ πάλιν γέλως); here tears explicitly disconnected from mood or evaluation, alternating with laughter and combined with typical insane behaviours (fumbling, plucking, scratching, picking hair), are dangerous and even deadly.

In conclusion, the physicians seem to exclude emotional crying – i.e. crying with a personal, psychological motivation – from their scope of interest, in order to concentrate on lacrimation as a phenomenon having to do with the hydraulics of bodily circulation. This nonetheless retains an association with the mental sphere via the mechanics of clogging and engorgement. In the passages just discussed, the subjective control, not the physiological quality of tears, is foregrounded, its relation to volition. But it remains unclear whether the authors consider tears that are a mere discharge of fluids, with no volition (or rather, with no emotional drive) involved, to be negative, as they express an imbalance in the internal moisture. If they are instead expressing a warning against the lack of control, we might speak of paroxysmic crying as opposed to weeping that is kept in check by the patient, that is thus to some extent 'voluntary'. The first option seems preferable, although it clashes with the view that tears, δάκρυα, should be among nature's ways of being a good doctor by

⁵¹ Galen notices a thematisation in some of the passages I am quoting: 'this kind of tears is discussed also in *Prognostikon* and *Aphorisms*' (*Comm. Hipp. Epid.* VI, 1.21, XVIIa 867 K. = 41.11–12 Wenkebach-Pfaff).

providing needed purging.⁵² The second option introduces a distinction between degrees of intensity in crying that none of the passages offers us, and as such can only remain a suggestion. The only certain point is that the medical authors consider crying an important part of their patients' condition and behaviours of the eye and of the physical fluids, and that they noticed that the sign participates variously in conditions in which mental facts are involved.

On the whole, by contrast with the considerable relevance this physical part of the body acquires in later physiognomic texts as an expression of moral virtues and overall character,⁵³ the significance of the eyes in our texts concentrates on two levels: first, the medical explanation regarding the functioning of the eye as an organ of vision, with its relation to the movements of humoural fluids that explains, for example, the traditional connection between the eyes and anger (an emotion that stands out in our texts for its physiology), as well as between the eyes and mental impairment; and second, the frontal vision of the face as a key object of scrutiny and observation at critical moments in illness. The Hippocratic portrayal of insanity joins these levels, incorporating received representations and traditional imagery into its scientific outlook, and contributing to a redefinition and partial systematisation of the semiotics of the eye in materialistic terms, purged of emotional, personal and physiognomic suggestions.⁵⁴

2.3.2 *Mouth, Lips, Teeth*

2.3.2.1 *Mouth/Respiratory Tract and Related Facts*

The details about the eyes just surveyed are a common element in the narratives of illness in our texts, and are a traditional part of the representation of emotions and personal life in non-medical literature as well. Observation of the mouth, on the other hand, is more specific to medical representations of the insane. By comparison with the eyes, which easily become metonymic for emotions, categories of selfhood and modes of relationship with others, the mouth is more concretely connected to

⁵² See *Epid.* 6.5.1 (100.11–104.7 Manetti–Roselli = 5.314.5–11 L.) in n. 50 p. 98 above.

⁵³ See explicitly ps.-Arist. *Physiogn.* 814b3–9, 'the most favourable region for examination is that around the eyes and the forehead, head and face ... in general, these regions supply the clearest signs, in which there is also greatest evidence of intelligence' (ἐπικαιρότατος δὲ τόπος ὁ περὶ τὰ ὄμματα τε καὶ τὸ μέτωπον καὶ κεφαλὴν καὶ πρόσωπον ... ὅλως δὲ εἰπεῖν οὗτοι οἱ τόποι ἐναργέστατα σημεῖα παρέχονται, ἐφ' ὧν καὶ φρονήσεως πλείστης ἐπιπρέπεια γίνεται).

⁵⁴ On the only physiognomic element found in the Hippocratic texts, in *Epid.* 2.5.1–2 and 2.6, see below, pp. 120, 137, 350.

bodily pathology, on the one hand, and to subjectivity and voluntariness as it is materially involved in a variety of human activities and behaviours (speech, but not only speech), on the other.

Basic aspects that must be considered are breathing, lip movement and expressions of the mouth; the tongue and its states and behaviours; the discharge of fluids or other material; and voice emission. When we concentrate on the representation of the mentally disturbed, the following aspects emerge: first, the sounds produced (or not produced) with or through the mouth. These reveal, among other things, a disturbance in the breathing function or in the state of the passages through which fluids move within the body. It is not only a lack of voice, ἄφωνία and ἀναυδία, and at the other end of the spectrum, the chattering of the insane, that belongs here (παράλέγω, λῆρος and cognates⁵⁵), but also other phenomena perceived on an auditory level. The first is snoring and rasping, ῥέγχος. This sign appears in several cases which are simply disturbances of the respiratory system, where it is to be expected: e.g. at *Morb.* 1.12 (28.16 Wittern = 6.160.7 L.), with suppuration in the lung, or at *Morb.* 1.15 (40.15 Wittern = 6.168.11 L.), with choking expectoration.⁵⁶ In other cases, however, the sign appears with no such connection and with clear mental relevance; thus at *Morb.* 2.21 (155.12 Jouanna = 7.36.2 L.), we read of ‘another disease: pain suddenly seizes the head in a healthy person, and he at once becomes speechless (ἄφωνος), breathes stertorously (ῥέγκει), and gapes his mouth open; if anyone calls to him or moves him, he moans (στενάζει); he comprehends nothing (ξυνιεῖ δ’ οὐδέν); he passes copious urine, but is unaware of it when he does (οὐκ ἐπαῖει)’. Along the same lines, a full portrait of a disorder that has a physiological aetiology but includes mental elements offered at *Epid.* 7.18 (64.3–5 Jouanna = 5.390.17–18 L.) is relevant. This is a case of quinsy, with cough and choking, and thus a respiratory problem, like those listed above. Nonetheless, it involves signs associated with mental disturbance, in which the whole face is involved: ‘spasms, loss of voice, snoring, grinding of the teeth, more intense ruddiness of the cheeks’ (σπασμώδης, ἄφωνος· ῥέγχος· ὀδόντων ξυνέρισις· γνάθων ἔρευθος πλέον).⁵⁷

⁵⁵ I analyse these in more detail as nonsensical communication, framed as cognitive impairments, in Chapter 5.

⁵⁶ See also *Morb.* 1.32 (90.17 Wittern = 6.202.17 L.), ἐν πλευρίτιδι καὶ ἐν τῇ περιπλευμονίῃ, with pleurisy and lung inflammation; at *Morb.* 2.9 (140.10 Jouanna = 7.16.26 L.) and 2.26 (159.12 Jouanna = 7.40.12 L.) with κυνάγχη, usually interpreted as inflammation of the larynx, angina; at *Morb.* 2.33 (167.5 Jouanna = 7.50.7 L.) with a polyp in the nose; at *Morb.* 3.16 (92.4 Potter = 7.148.18 L.) with αἱματώδης πλευρίτις again.

⁵⁷ See Sassi (2001) 52 for a red complexion and irascibility, and more generally 51 for the connections between colour and emotions. On flushing, see below, pp. 108, 146, 301.

The sign is related to consciousness: at *Epid.* 7.15 (63.1–3 Jouanna = 5.390.1–2 L.),⁵⁸ we read that the patient is ‘wheezing. Tongue dry, as with those who suffer from *peripleumonia*. He died *conscious*’ (ἑτερός τις ἐπὶ τοῦ ὑπερώου ῥεγνώδης· γλῶσσα ξηρή, περιπλευμονική· ἔμψρων ἐτελεύτησε). This final remark suggests a different expectation based on the dryness of the mouth and the snoring.⁵⁹ At *Epid.* 5.22 (14.14–18 Jouanna = 5.222.8–11 L.), Apellaeus of Larissa, a patient affected by τῇ νούσῳ (14.1–3 Jouanna = 5.220.20–21 L.), ‘the disease’ (which Jouanna agrees with Littré in identifying as ‘l’épilepsie, la maladie par excellence’), finally ‘died without regaining reason/consciousness (πρὶν ἐμψρονῆσαι) ... and whenever he seemed to get better, coma came upon him, he would wheeze (ἔρρεγχε) and again the sickness possessed him’. Epileptic signs also characterise Hermophilus’ son at *Epid.* 5.40 (20.7–8 Jouanna = 5.232.3–4 L.), who ‘lay voiceless and rasping, his eyes rolled back, feverish’ (ἄφωνος ἔκειτο, ῥέγγων, διεστραμμένα ἔχων τὰ ὄμματα, πυρέσσων).

2.3.2.2 Suffocation and Congestion

These signs belong to a more general pattern of suffocation⁶⁰ and congestion, which we should not take in the restricted pneumological sense of contemporary medicine, but more widely as an impairment of or disruption in the circulation of air and other fluids in the body. At the centre of this topic are two categories of experience: the so-called πνίξ and those designated by terms with the root ἄγχ-.⁶¹ These appear to deserve specific discussion in their association with the mental sphere. At the subjective end, the experience of suffocation and chest oppression is recognised as a sign of mental disturbance in our texts and is regarded as predominantly

⁵⁸ And *Epid.* 5.105 (46.3–5 Jouanna = 5.258.17–18 L.).

⁵⁹ The adjective ῥεγνώδης is characteristic of *Epid.* 7; see Jouanna (2003) 201–2 n. 12. It also appears at *Epid.* 7.16 (63.9–10 Jouanna = 5.390.7–8 L.), Poseidonius’ case; significantly, here too it is specified that the patient dies *perfectly conscious* (καὶ ῥεγνώδης· ἔμψρων δὲ σφόδρα ἐὼν τετραταῖος ἐτελεύτησεν, with emphatic σφόδρα); also *Epid.* 7.51 (83.27–84.2 Jouanna = 5.420.9–10 L.).

⁶⁰ Gundert (2000) 27 also recognises this experience as explicitly relevant to the mental in our sources; see already Onians (1951) 44, 57–9, 69 on the physiology of breathing as strictly interrelated with the processes of consciousness in traditional representations; Clark (1999) 83–95. For a thorough thematic survey of ‘Erkrankungen der Atmungsorgane’ in our texts (with symptoms divided into *asthma*, *dyspnoë* and *orthopnoë*), see Notter (1992).

⁶¹ See King (1998) 80–4 for a cultural discussion of suffocation, especially on ‘the strangled goddess’ Artemis in association with female suffocation, 80 in particular for a semantic distinction between the ἄγχ- group and the πνίξ group in classical Greek: ‘*ankbô*-related words imply pressure on the neck blocking breath ... *pnix*-related words suggest heat – *pnigos* and *pnigmos* mean stifling heat [which] suggests something over the mouth and nose preventing respiration, or a hot atmosphere in which breathing is difficult’. See Hanson (1990) 323, 326 for female suffocation as a traditional image, and the analogy between the neck of the womb and the throat.

female.⁶² This experience lies at the centre of the ὑστερική πνίξ syndrome, the sense of suffocation connected with the wandering of the womb within the female body described in gynaecological treatises.⁶³ This condition is a gold mine of mental implications, characterised by the following signs: voice and speech problems and impaired reasoning, grinding of the teeth, and mental disturbances of various kinds. The suffocation in these cases can take place or at least originate in various parts of the body, although the final outcome appears to involve the laryngo-pharyngeal area, causing speech impairment. At *Mul.* 1.32 (8.76.7–8 L.), ἀναυδίη ('inability to speak, speechlessness') in a pregnant woman is caused by the womb pressing against her liver, ἀναυδίη ἴσχει τὴν γυναικᾶ; at *Nat. Mul.* 3 (4.14–15 Bourbon = 7.314.14–15 L.), when the womb presses against the liver there is loss of speech and gnashing of teeth,⁶⁴ and the attack ends with a καταφρονεῖν, a 'return to oneself' (*Nat. Mul.* 3, 5 Bourbon = 7.314.22 L.) that presupposes previous derangement; at *Mul.* 2.203 (8.388.19–390.1 L.), again within a description of movements of the womb and consequent illness, we find suffocation, loss of voice and sight, teeth gnashing and mental impairment (πνίγεται, ἄφωνος γίνεται, καὶ οὐδὲν ὁρᾷ, καὶ τοὺς ὀδόντας συνερείδει ... καὶ οὐδὲν φρονέει). In all of these the suffocation that is a typical female ailment, originating in the womb or somewhere in the belly, is regularly associated with a mental cluster of signs and with respiratory affections. The basic mechanics of the disorder is the elimination of air as the womb presses against the passages than run through the female body connecting its bottom to its top, causing them to close.

⁶² Cf. the female patient at *Epid.* 7.11 (58.23 Jouanna = 5.382.15 L.) who τὴν καρδίην οἱ γυιοῦσθαι ἔφη, 'said that her *kardiē* had been damaged' (the term in question is a conjecture, but the location in the chest of a subjective symptom is clear; compare Polemarchus' wife at *Epid.* 5.63 (28.14–29.1 Jouanna = 5.242.10–11 L.), καὶ κατὰ τὴν καρδίην ἔφη τι ξυλλέγεσθαι αὐτῇ, 'and she said that something was gathering around her *kardiē*' (note also the twin case at *Epid.* 7.28, 69.14–15 Jouanna = 5.400.4–5 L., καὶ κατὰ τὴν καρδίην ἔφη δοκεῖν τι ξυνάγεσθαι ἑωσπῆ). In a neurological spirit, the psychiatrist Oliver Sacks (2012) 226–7 surveys a variety of mental disorders of the sphere of sleep, among which he mentions sleep paralysis and the precise symptom of a perceived sense of suffocation and pressure on the chest; see Chapter 3.

⁶³ For different versions of 'hysterical suffocation' caused by the womb wandering and becoming stuck in different parts of the body, with various mental implications, see e.g. *Nat. Mul.* 27 (26.7 Bourbon = 7.344.1 L.), ἦν λεχοῖ αἱ ὑστέραι φλεγμῆνωσι, πίμπραται καὶ πνίξ ἔχει; cf. *Mul.* 1.2 (8.16.4 L.); 1.7 (8.32.1 L.); 1.7 (8.32.11 L.); 1.7 (8.32.15 L.); 1.8 (8.34.21 L.); 1.32 (8.76.1 L.); 1.32 (8.76.6 L.); 1.32 (8.76.10 L.); 1.53 (8.112.7 L.).

⁶⁴ See also *Mul.* 2.151 (8.326.14–17 L.), in a case said to resemble epilepsy (καὶ τᾶλλα ὅσα οἱ ὑπὸ ἱερῆς νοῦσου ἐπίληπτοι πάσχουσι): the patient is suddenly ἀναυδός and gnashes her teeth; at *Mul.* 2.127 (8.272.9–10 L.), another case of the womb pressing against the liver, there is again loss of speech and gnashing teeth.

Although it is characteristically gynaecological, the mechanism of suffocation is also found in other treatises.⁶⁵ At *Morb. Sacr.* 4 (12.10–20 Jouanna = 6.368.1–9 L.), for example, the nature of the veins as the main carriers of πνεῦμα is described. If a vein is blocked in any of its parts, numbness, νάρκκα, can result, as the πνεῦμα can no longer make its way through; the final outcome is paralysis. Later, at *Morb. Sacr.* 7 (15.14–23 Jouanna = 6.372.5–6 L.), suffocation and aphonia also set in during epileptic attacks, ἄφωνός τε γίνεται καὶ πνίγεται. In the account of angina at *Morb.* 3.10 (76.30–78.6 Potter = 7.128.16–130.1 L.), suffocation is central and primary and involves consequences for the health of the mind. The disease is a παρακυνάγχη, a form of inflammation of the larynx in which suffocation impairs the senses and cognitive functions. The patient ‘because of the strangulation sees and hears less keenly than before’ and ‘lacks awareness of whether he says, hears or does something (οὐκ ἐννοός ἐστιν, οὐτ’ ἦν τι λέγει οὐτ’ ἦν τι ἀκούει ἢ ποιῇ); he simply lies there with his mouth open, drooling (κεκηνώς ... σιαλοχοῶν)’.

Throughout our texts, in sum, suffocation is mostly localised in the liver, the brain or the laryngeal tract. In a case of hydropic suffering (ὕδρωπικός), however, originating as far away as the lumbar region and the legs, at *Epid.* 7.20 (64.11–65.3 Jouanna = 5.392.3–10 L.), it spreads only later to the lungs to cause βῆξ καὶ πνιγμοί, coughing and choking (64.14 Jouanna = 5.392.5 L.). There is a livid redness on the vein coming from the groin; finally, voicelessness, choking and wheezing occur before death (ἄφωνή, πνιγμός μετὰ ῥέγχους, 65.2 Jouanna = 5.392.10 L.). Here the process is entirely physiological, with suffocation described as the outcome of a disorder that begins in the lower part of the body and moves upwards. A congestion similar to the final phases of this case, however, is ascribed mental consequences at *Epid.* 2.6.32 (84.22–3 Smith = 5.138.18–20 L.), where blood collecting in the breast signals incipient madness⁶⁶ (τῷ μέλλοντι μαίνεσθαι τὸδε προσημαίνει· αἷμα συλλέγεται αὐτῷ ἐς τοὺς τιτθοῦς).⁶⁷

⁶⁵ Hence it is legitimate to see an association between mental distress and the asthmatic symptom.

⁶⁶ See Galen, *Comm. Hipp. Epid. II* (408.11–409.11 Wenkebach and Pfaff) for a survey of later medical views on ‘die Anfüllung der Brustdrüsen mit Blut’ and its association with insanity, quoting Rufus and Sabinos.

⁶⁷ See in the same spirit *Epid.* 2.6.19 (82.4–5 Smith = 5.136.11–12 L.), ‘there is a thick vein in each breast. These things have the largest part in understanding’ (φλέψ ἔχει παχείη ἐν ἑκατέρῳ τιτθῷ· ταῦτα μέγιστον ἔχει μῦριον ξυνέσιος); *Virg.* 2 (22.14–17, 23–4 Lami = 8.466.17–19 L.), on the accumulation of blood in the girl’s chest and consequent derangement, and likewise *Aph.* 5.40 (Magd. 439.6–7 = 5.544.16–17). Compare the case at *Epid.* 4.58 (140.1–3 Smith = 5.196.10–11 L.), where Alcippus develops insanity after having been treated for haemorrhoids (θεραπευθεὶς ἐμάνη), apparently against advice (ἐκωλύετο θεραπευθῆναι, ‘it was forbidden him to undergo therapy’). In *Haem.* 1 (146.9 Joly = 6.436.8 L.), haemorrhoids are described as causing a blood spurt (ἐξακοντίζουσιν

The system of fluid movement and its disturbance as a form of πνίξις, in sum, have mental relevance, and this explains other signs that might otherwise appear random. At *Epid.* 6.3.22 (74.1 Manetti–Roselli = 5.304.1 L.), for example, we find a puzzling brief mention of ‘globular, thick’ (literally, ‘round’) expectoration from the mouth as related to insanity (τὰ στρογγυλλούμενα πτύαλα παρκρουστικά). No further element is given to justify this association, but further on, at *Epid.* 6.6.9 (134.1–3 Manetti–Roselli = 5.328.7–9 L.), we again hear that ‘globular expectorations lead to insanity, as in the case of the man in Plinthius. He had a haemorrhage from the left nostril and on the fifth day was cured’ (τὰ στρογγυλλούμενα πτύαλα παρκρουστικά, οἷον τῷ ἐν Πλινθίῳ, τούτῳ ἡμορράγησεν ἐξ ἀριστεροῦ, καὶ ἐλύθη πεμπταίῳ). Here too, the element of insanity is associated with a blockage in the movements of fluids in the chest or respiratory channels, and is resolved when release occurs.

The longest description of suffocation in mental terms, and a particularly rich one, is found at *Int. Aff.* 48 (234.10–12 Potter = 7.286.14 L.), where a ‘thick disease’ caused by bile settling in the liver and head is described. This disturbance ‘usually attacks abroad, if a person is travelling a lonely road somewhere and fear [of a ghost] seizes him’ (αὕτη ἡ νοῦσος προσπίπτει μάλιστα ἐν ἀλλοδημίῃ καὶ ἣν που ἐρήμην ὁδὸν βαδίσῃ καὶ φόβος αὐτὸν λάβῃ). Both an existential/psychological context (rare as such in our material) and a physiological one might be the background, the uncomfortable state of the traveller. At the beginning of the disease, bile accumulation causes a swelling of the liver and a consequent pressing into the diaphragm, with a variety of disturbances of the senses whose functioning and organs are located in the head: hearing and eyesight. Subsequently, the eye impairment worsens and typical mental signs appear, such as corycic compulsions, as the patient mistakes pieces of wool for lice. As the liver expands even more against the diaphragm, derangement proper follows (παρὰφρονεῖ: 232.15 Potter = 7.284.22 L.). This is a vivid, rich description

αἵμα) and are cured surgically by excision or cauterisation – in either case, by blocking the outlet for blood. At the beginning of the treatise, the cause of haemorrhoids is assigned to the accumulation of bile or phlegm in the area, which heats the blood and attracts it from other parts of the body, causing congestion that can be released through bleeding. An incorrectly administered haemorrhoid therapy that blocked this outlet for release might have caused, in Alcippus’ case, blood congestion and madness, explaining the otherwise odd association; see also *Aph.* 6.11 (450.10–451.1 Magd. = 4.566.5–6 L.) to the same effect, ‘haemorrhoids following melancholic or kidney affections are a good sign’ (τοῖσι μελαγχολικοῖσι καὶ τοῖσι νεφριτικοῖσιν αἰμορροῖδες ἐπιγιγνόμεναι, ἀγαθόν). On haemorrhoids protecting against certain diseases, see *Epid.* 6.3.23 (74.1–76.9 Manetti–Roselli = 5.304.2–8 L.), and Galen’s clear statement (*Comm. Hipp. Epid.* VI, III.41, 183.1–2 Wenkebach = XVIIa.108 K.) that haemorrhoids are ἀσκος ... τῆς μελαγχολικῆς [κακοχυμίας].

of mental disturbance: the patient has hallucinations (καὶ προφαίνεσθαι οἱ δοκέει πρὸ τῶν ὀφθαλμῶν ἔρπετὰ καὶ ἄλλα παντοδαπὰ θηρία, 232.16–17 Potter = 7.284.22–286.1 L.) and his sleep is disturbed by dreams that make him scream and move his limbs as if he were awake, enacting the oneiric scene. Finally, we read that sometimes ‘he might also become speechless the whole day and night, taking frequent, deep breaths’ (ἔστι δ’ ὅτε καὶ κεῖται ἄφωνος ὅλην τὴν ἡμέρην καὶ τὴν νύκτα ἀναπνέων ἀθρόον πολὺ τὸ πνεῦμα, 234.4–5 Potter = 7.286.10–11 L.). This disease has an important psychological frame (i.e. to the experience of travelling and emotional reactions to isolation) and displays mental signs; the element of suffocation and speechlessness comes into the picture without direct reference to the mechanics of blockage and breathing. But we recognise a form of πνίξις, of suffocation similar to that caused by the womb in female patients, as the liver presses against various internal organs, obstructing the passage of air and fluid.⁶⁸

If πνίξις seems to be an extended term for the pathology of suffocation in the body as a whole, ἄγχω has a more precise connection with strangulation of the neck. This involves another level on which ἄγχω and related words evoke mental distress: suicide by hanging. A young woman’s desire to hang herself may be the outcome of a state of fear and anxiety effected by inflammation, as described at *Virg.* 3 (24.3 Lami = 8.468.15 L.). This psychological and moralised account of a pathology is unique in our texts: prey to hallucinations, girls ἄγχονας κραίνουσιν, ‘*desire to hang themselves*’.⁶⁹ Here the suffocation is mechanical (the individual is strangled by a rope or the equivalent) and self-inflicted; its implications remain patently mental (a depressive mood or anxiety, one might say in current psychiatric terms, translating ἀνωμένους, or a manic paroxysmic state in the case of the virgins). The modern terms ‘anxiety’ and ‘Angst’ originate in the verb ἄγχω and in the feeling of suffocation and oppression of the chest familiar to us; by comparison with πνίξις, these occurrences of ἄγχω convey the more subjective side of this experience of the body.

⁶⁸ A direct connection between the physiology of respiration and a pure cognitive function such as memory is mentioned in the discussion of Diogenes of Apollonia in *De Sensibus* 45, in an anecdote derived from observed behaviour: ‘this [i.e. an imperfect flow of air within the body] is the cause of forgetfulness (λήθης) as well; for since the air does not penetrate the entire body, one cannot understand. Which is proven by this: someone is trying to remember something (τοῖς ἀναμνησκομένοις), there is a feeling of oppressive unease (ἀπορίαν) in the breast; but when [the missing thought] is found, [the air] is dispelled (διασκιδνασθαι) and the weight of pain is lifted.’

⁶⁹ See also a few lines further on, where language of intentionality and urge is again employed: ‘[these visions] urge the women to leap about, or to throw themselves into wells, or to hang themselves’ (κελεύουσιν ἄλλεσθαι καὶ καταπίπτειν ἐς τὰ φρέατα καὶ ἄγγεσθαι).

Non-medical literature integrates and supports these accounts. Respiration and breathing problems appear to have a history of their own in perceptions of mental health and disorder; hyperventilation and panting are evidently stock features of insane behaviour in literary representations, as tragic examples show. In Euripides' *Bacchae*, Pentheus' derangement is manifest in his gasping or 'shortness of breath' as he becomes possessed by Dionysus. At *Ba.* 620, as he reaches the peak of his insanity, Pentheus is 'panting out his θυμός' (θυμὸν ἐκπνέων); later, at 640, he is 'breathing deep/fast' (πνέων ἔλθῃ μέγα). A more technical account of breathing in its correspondence to soundness of mental faculties is offered in reference to Heracles in Euripides' *Hercules Furens* (1089–93), with explicit medical overtones.⁷⁰ Thus the hero as he wakes up from his state of manic possession:

My breath returns and I see as I should,
the air and earth and the sun's darting beam here.
What a storm, what strange turmoil of mind I have
fallen into, and I breathe hot breaths, panting;
they emerge spasmodically from my lungs.⁷¹

ἐμπνους μὲν εἰμι καὶ δέδορχ' ἄπερ με δεῖ,
αἰθέρα τε καὶ γῆν τόξα θ' ἡλίου τάδε.
ὥς <δ> ἐν κλύδωνι καὶ φρενῶν ταραγμάτι
πέπτωκα δεινῷ καὶ πνοᾷς θερμὰς πνέω
μετάρσι', οὐ βέβαια πλευμόνων ἄπο.

Here recovery of a normal breathing pattern (to be ἐμπνους) is coterminous with restored senses, and fast panting is a direct expression of a φρενῶν ταραγμα. The evident implication is that breathing impairment is one possible bodily expression of insanity, with various theories and ideas converging onto it: not only suffocation (we have seen angina as a possible nosological frame) and fever (as with *phrenitis* and other acute fevers already mentioned), but also the cognitive theory regarding air as formulated in *Morb. Sacr.* 16 (29.7–8 Jouanna = 6.390.12–13 L.), 'it is the air that gives intelligence to it [the brain]' (τὴν δὲ φρόνησιν αὐτῷ ὁ ἄνθρωπος παρέχεται), and 'the entire body participates in intelligence in proportion to its participation in air' (γίνεται γὰρ ἐν ἅπαντι τῷ σώματι τῆς † φρονήσιος †, τέως ἂν μετέχῃ τοῦ ἡέρος, 29.10–11 Jouanna = 6.390.14–15 L.).⁷²

⁷⁰ See Guardasole (2000) 201 for the adjective μετάρσιος (1093) as a technical term and the medical influence on the 'disease of Heracles' in this play.

⁷¹ Compare the agonised breathing of the dying Heracles at Soph. *Trach.* 1054–5, below, p. 268.

⁷² The text is corrupt, but this is the general sense: a correspondence between air intake and reasoning ability/soundness of mind.

2.3.2.3 Suffocation: The Face

The account of suffocation just given has gone to some extent beyond the stated focus of this chapter, the visual body in relation to the mental sphere; the concept of *πνίξ* and related pathologies, however anchored to perceptible signs of breathing difficulty and voice impairment, are a theoretical construct and reach beneath the surface of the skin, as opposed to the outward appearances of the insane, on which we set out to focus our reading. A group of facial distortions typifying the insane, however, belong to the manifestations of suffocation and can only be understood through it. This is especially clear at *Acut.* 6. (70.16–24 Joly = 2.402.10–404.8 L.), where a sudden loss of voice (τὸ ... ἄφωνον ἐξαίφνης γενέσθαι) is explained as a blockage of the vessels that carry air when the disorder happens ‘in a healthy person with no antecedent conditions’. The signs of this disturbance affect the face and other body parts in ways established as typical of mental disturbance: ἐρυθρήματα προσώπου, ὀμμάτων στάσις, flushing and fixed eyes, linked with the mechanical obstruction.

To conclude, suffocation (sometimes a phenomenon given primary relevance, sometimes the consequence of another ailment) has to do with various factors simultaneously: the representation of the face, its colours, expressions and movements; the cognitive and sensory disruption that accompanies suffocation and shares with it an aetiology in a blockage in the channels leading to the head and through the neck and chest; the analogy with hanging and suicide, with the paroxysm of fear, anxiety and depression that these imply – or so we can reasonably suppose. Suffocation is at the crossroads of various experiences and can thus be considered one of the main gates to mental disorder in Hippocratic representations.

Partly related to suffocation are other movements of the mouth that alter the expression of the face.⁷³ Yawning is one. At *Morb.* 2.21 (155.10–14 Jouanna = 7.36.1–5 L.), the patient suffers a sudden headache (ἐξαπίνης ὑγιαίνοντα ὀδύνη ἔλαβε τὴν κεφαλὴν), accompanied by an abrupt loss of speech (καὶ παραχρῆμα ἄφωνος γίνεται) and snoring and yawning together (καὶ ῥέγχει, καὶ τὸ στόμα κέχνηε). On the whole, he displays mental disturbance: he is startled when called by his name, weeps and does not understand (καὶ ἦν τις αὐτὸν καλῇ ἢ κινήσει, στενάζει, ξυνιεῖ δ' οὐδέν); his visible portrayal as mentally ill betrays a disturbance in the breathing system. At *Vict.* 3.84 (216.18–19 Joly-Byl = 6.634.18–20 L.),

⁷³ Compare also the phrenitic woman at *Epid.* 7.53 (84.24–5 Jouanna = 5.422.6–7 L.), who displays many of the behaviours of the insane (busy hands, speechlessness) and is described as ‘puffing into her jaws and lips like those who are asleep’, ἐμφυσῶσα ἐς γνάθους καὶ χεῖλεα ὡς οἱ καθεύδοντες.

frequent yawning is among the factors associated with heavy fevers and nonsensical talk (χασμάται πολλάκις ... πυρετοὶ ... ἰσχυροί, καὶ φλυαρεῖ). Fever and yawning have a physiological explanation associated with factors that are also a cause of insanity; at *Flat.* 8 (113.11 Jouanna = 6.102.4 L.), it is said that before a fever, accumulated air pushes upwards in search of an outlet and ‘unbolts the mouth and forces it open, as through it there is an easy passage’, just as happens with the boiling of water (χασμῶνται δὲ πρὸ τῶν πυρετῶν). This accumulation is caused by the heating and boiling of the blood, and later (*Flat.* 14, 121.6–124.10 Jouanna = 6.110.14–114.12 L.) it is associated with the sacred disease and how this affects consciousness and intelligence. In this treatise, the blood is explicitly established as the centre of cognitive functions (ἡγέομαι οὐδὲν ἔμπροσθεν οὐδενὶ εἶναι μᾶλλον τῶν ἐν τῷ σώματι συμβαλλομένων ἐς φρόνησιν ἢ τὸ αἷμα, *Flat.* 14, 121.9–11 Jouanna = 6.110.16–18 L.). The remarks at *Prog.* 5 (14.5–6 Jouanna = 2.122.12–13 L.) are along the same lines: ‘deep and slow respiration indicates delirium’ (μέγα δὲ ἀναπνεόμενον καὶ διὰ πολλοῦ χρόνου παραφροσύνην δηλοῖ).

Finally, patients suffering from any condition may discharge various bodily fluids or matter from the mouth. One of the most striking and widely recognised signs of insanity is the foaming mouth, adopted also by Euripides for two insane characters, in *Heracles* and *Bacchae*: Heracles (*HF* 934) and Agave (*Ba.* 1122), respectively. This sign is frequent in medical sources: at *Epid.* 7.46 (80.15–16 Jouanna = 5.414.14 L.), ‘prey to spasms; but not much foam’ (σπασμώδης· ἀφρὸς δὲ οὐ πᾶν) appears with fever and ‘being out of oneself’ (80.12–14 Jouanna = 5.414.12–13 L.), while at *Aph.* 2.43 (396.5–6 Magd. = 4.482.9–10 L.), foam is a fatal sign in those who are hanged and released too late – or ‘for those who are suffocating and then faint?’ (τῶν ἀπαγχομένων καὶ καταλυομένων, μηδέπω δὲ τεθνηκότων, οὐκ ἀναφέρουσιν οἷσιν ἂν ἀφρὸς ἢ περὶ τὸ στόμα); when foaming appears, death by suffocation is unavoidable. Suffocation is at issue also at *Morb.* 2.54 (191.8–10 Jouanna = 7.82.14–16 L.), ‘when a bronchial tube of a lung is torn, the patient expectorates white or sometimes bloody sputum; he foams from the mouth, and there is fever’ (ἐπὶ τὴν ἄορτρον σπασθῇ τοῦ πλεύμονος, τὸ πτύσμα λευκὸν πτύει, ἐνίοτε δὲ αἱματώδεα, ἀφρὸν ἰεῖ καὶ πυρετὸς ἴσχει).⁷⁴ At *Morb. Sacr.* 7 (14.23–4 Jouanna = 6.372.5–6 L.), the patient collapses during the attack, as phlegm descends into the veins of the liver, which channel most of our breath. He is speechless, feels

⁷⁴ ἀφρὸν ἰεῖ is Jouanna’s correction of ἀφρονέει in MHIR, which confirms my point, which is the direct association of foaming and mental disturbance.

like he is suffocating, and foam runs from his mouth (ἄφωνός τε γίνεται καὶ πνίγεται καὶ ἀφρός ἐκ τοῦ στόματος ῥέει); cf. again later, at 16.3–4 Jouanna = 6.374.4–5 L., on how ἀφρός δ' ἐκ τοῦ στόματος προέρχεται. At *Mul.* 1.7 (8.32.22–3 L.), in a case of 'Heracles' disease' (probably equivalent to epilepsy⁷⁵) 'foam drips from (the woman's) mouth' (σίελα ἐπὶ τὸ στόμα ῥέει). Foam is not exclusive to the presence of epilepsy, however; the sign appears at *Mul.* 2.124 (8.268.3 L.), foamy vomit (ἐμέει ἀφρώδεα) in a case of the womb pressing against the heart that goes with anxiety and restlessness,⁷⁶ while at *Mul.* 2.123 (8.266.14 L.), with movements of the womb towards the head in particular, the patient also 'foams from the mouth when she is in pain' (ἀφρίζει ὅταν ῥᾶσῃ).⁷⁷

Mention has already been made of a compulsive behaviour of the mouth that is specific to insanity and visually prominent: bruxism,⁷⁸ habitual, unconscious grinding or clenching of the teeth. This sign must have been especially impressive for the ancient observer, as it is constantly present in descriptions of insane patients at critical stages of various diseases.⁷⁹ The whole range of nervous biting of the lips is characteristic of mental distress, but gnawing and grinding are particularly frequent.

From the point of view of bodily pathology, grinding of the teeth is associated with fevers, and it displays similarities with the spasms and rigidity of the jaw observed in cases of *tetanus* and *opisthotonus*. Such a case is *Epid.* 7.36 (74.10–13 Jouanna = 5.404.17–20 L.), the wounded finger of the commander of a large ship, where the sign is mentioned following gangrene and

⁷⁵ See Pigeaud (1981/2006) 407–10 for a discussion of this traditional label.

⁷⁶ On Littré's interpretation of the text's ἀλυσθύνει καὶ εἰλέει, 'the woman has anxiety and a sense of whirling', *la femme a de l'anxiété et des tournoiements*; but the verbs could instead have the air as subject and not refer to the patient. Littré also has 'bilious' vomit, responding to the analogy with melancholic affections.

⁷⁷ It is worth noting that this sign later becomes a staple for mental and emotional intensification, even when madness is not strictly at stake: at *Aff. Pecc. Dig.* 4.4 (V.16 K. = 12 De Boer), Galen recalls an episode of undignified display of anger he once witnessed: a man, unable to open a door with his key, began to bite the key and punch the door with a full display of mental signs, rolling his eyes and *almost frothing at the mouth* like a boar (δάκνοντα τὴν κλεῖν καὶ λακτίζοντα τὴν θύραν καὶ λοιδορούμενον τοῖς θεοῖς ἡγριωμένον τε τοὺς ὀφθαλμούς ὥσπερ οἱ μαινόμενοι καὶ μικροῦ δεῖν αὐτὸν ἀφρὸν ὡς οἱ κάπροι προΐεμενον ἐκ τοῦ στόματος ἐμίσησα τὸν θυμὸν οὕτως, ὥστε μηκέ' ὀφθῆναι δ' αὐτὸν ἀσχημονοῦντά με).

⁷⁸ In current medical terms, 'it is assumed that around a fifth of the population grinds or clenches their teeth together by day, and 10% nocturnally. Malocclusions, eccentric occlusion, sleep disorders, genetic factors, medication, alcohol and drug use, allergies, breathing disorders, emotional stress, anxiety, depression and mental disorders have all been discussed – in some cases controversially – as possible causes of bruxism' (Lange 2013 abstract, and in general on the medical history of this sign).

⁷⁹ The same, with other mental implications, can be a positive sign of possible conception after pessaries in a woman at *Mul.* 3.214 (8.416.1 L.: darkened vision and yawning, βρυγμός, with σκοτοδινηται καὶ χασμῆται).

fever, in a picture identified with *opisthotonus*: inability to articulate speech with the tongue, a clenched jaw (ξυνεφέροντο αἱ γνάθοι ξυνερείδόμεναι), and paralysis of the neck and death. Grinding of the teeth also appears in patients with angina: at *Epid.* 5.104 (45.10–46.1 Jouanna = 5.258.14–16 L.), for example, a woman with quinsy and pain in the right arm and leg has ‘choking (πνιγμός), convulsive, voiceless, snoring/rattling; clenching of the teeth (ὀδόντων συνέρεισις)’.

In most patient cases and in the gynaecological treatises, this sign looms large in connection with loss of voice and derangement. The element is so characteristic of the diseases of women that it is impossible not to suspect that its establishment as a typically feminine behavioural sign may be correlated with its becoming a marker of insanity in other texts as well (as also in the case of crying and shouting, as we shall see). As already noted, gynaecological treatises pack in information about female insanity under the heading of uterine affections and πνίξ, suffocation due to the movement of the womb around the body. This syndrome generally features bruxism: at *Nat. Mul.* 3.1; 3.4 (4.14–15; 5.8–9 Bourbon = 7.314.14–15; 7.314.22 L.), a movement of the womb towards the liver causes the affected woman to grind her teeth (τοὺς ὀδόντας συνερείδει), with ἄφωνία, and only later does she recover reason (καταφρονήσῃ, suggesting that those behaviours identify mental disturbance). At *Mul.* 1.2 (8.16.13–20 L.), in a case of amenorrhoea, the woman βρύξει τοὺς ὀδόντας in combination with troubled sleep and loss of appetite, anxiety and depressive feelings (ἀλύξει τε καὶ ρίψει ἑωυτὴν ἄλλοτε καὶ ἄλλοτε, καὶ λειποθυμήσει, καὶ ἐμέσει φλέγμα, καὶ δίψα ἰσχυρὴ μιν λήψεται); at *Mul.* 1.7 (8.32.21–4 L.), the sign appears along with sudden uterine suffocation: τοὺς ὀδόντας βρύχει, in connection with foaming at the mouth, showing the whites of the eyes and perhaps epilepsy (εἰκόασι τοῖσιν ὑπὸ τῆς ἥρακλείης νούσου ἐχομένοισιν).⁸⁰

The sign is then extended to descriptions of non-gynaecological cases of insanity. In *Acut. (spur.)* 6 (70.23 Joly = 2.404.7 L.), teeth-gnashing (τρισμοὶ ὀδόντων) appears in a discussion of sudden speechlessness occurring in a

⁸⁰ See also *Mul.* 1.36 (8.84.19–20 L.), οἱ ὀδόντες βρύχουσι, with whirling eyes, clouded eyesight (τῶματτα ἀναδινέει, καὶ ζοφοειδὲς ὄρη) and fainting (ἀψυχεῖ); *Mul.* 2.120 (8.262.2 L.), βρύχει with loss of speech, convulsions and a dry tongue; *Mul.* 2.127 (8.272.9–10 L.), τοὺς ὀδόντας ξυνερίσται when the womb is pressing towards her liver, at the same time as she experiences ἄφωνία; *Mul.* 2.151 (8.326.14–16 L.), βρύχει with a sudden loss of voice, ἄναιδος; *Mul.* 2.156 (8.330.23 L.), βρυγμός with hardening of the womb; *Mul.* 2.175 (8.356.23 L.), βρυγμός with hydropsy of the womb; *Mul.* 2.203 (8.388.19–390.1 L.), τοὺς ὀδόντας συνερείδει with womb movements and disturbance, accompanied by suffocation, aphonia, inability to see or hear, rapid breathing and impaired thought (οὐδὲν φρονέει).

healthy person, with a mention of fixed eyes and compulsive hand movements.⁸¹ At *Morb. Sacr.* 7 (14.24–15.2 Jouanna = 6.372.6–8 L.), the patients' teeth are clenched during the attack (ὀδόντες σννηρείκασι), here too in combination with hand movements, pathological eyes and a loss of reason (οὐδὲν φρονέουσιν), while at *Prorrh.* 1.48 (80.12–13 Polack = 5.522.9–10 L.), ὀδόντων πρίσιες is a fatal sign unless customary in the specific patient (οἷσι μὴ σύννηθες καὶ ὑγιαίνουσιν) – the sign is especially negative if associated with breathing problems. This reveals a distinction between bruxism that is characteristic of the person and bruxism that was not previously experienced and is therefore the sign of an acute affection. The same distinction appears at *Prog.* 3 (12.2–3 Jouanna = 2.120.9–10 L., ὀδόντας δὲ πρίειν ἐν πυρετοῖσιν, ὀκόσοισι μὴ ξύνηθές ἐστιν ἀπὸ παίδων, μανικὸν καὶ θανατῶδες).⁸² At *Vict.* 3.84 (216.16–19 Joly-Byl = 6.634.16–20 L.), exercises, τὰ γυμνάσια, can cause gnashing of the teeth, sleepiness and frequent yawning, accompanied by heavy fevers and nonsensical talk (βρυγμός τε τὸ σῶμα ἔχει⁸³ ... ὑπνώσσει ... χασμᾶται πολλὰκις ... πυρετοὶ ... ἰσχυροί, καὶ φλυαρεῖ).

The connection between grinding the teeth and insanity is also explored in non-medical literature. A good illustration of this and the other pathological facial features just mentioned is again the portrayal of Pentheus' full-fledged attack of insanity in Euripides' *Bacchae*. This passage offers many points of contact with medical literature, but emphasises specific details that have expressionistic force (especially at *Ba.* 620–1 and 640–1).

⁸¹ These are all qualified as spastic occurrences (σπασμῶδες συμπτώμα) by Galen (*Comm. Hipp. Acut.* 4.26 294.19–21 Helmreich = XV.778 K.).

⁸² See also *Coac.* 230 (160.1–4 Potter = 5.634.18–20 L.); here non-habitual bruxism, ὀδόντας συνερείδειν ἢ πρίειν, ὧ μὴ σύννηθες ἐκ παιδίου, signals *mania* and death (μανικὸν καὶ θανάσιμον).

⁸³ It is worth noting that τὸ σῶμα as a whole is here the locus of βρυγμός, its 'object'. Unless one wishes to correct the unanimous mss. reading (by deleting τὸ σῶμα or correcting to τὸ στόμα, as Jones proposes; but see rightly in this regard Jones's edition (1931) 419 *ad loc.*; Joly also prints σῶμα), we must investigate the wider meaning of this chattering, which is, on the one hand, obviously related to the mouth in a literal sense, but could also be used metaphorically to indicate a phenomenon of nervous contraction that involves the entire body and the patient's general state of health; the paragraph opens, in fact, with rigours/shivers (φρίσσοουσιν) and continues with other remarks regarding vital functions such as diet and sleep. Similar cases are *Mul.* 1.60 (8.120.12 L.), involving *hydropsy* of the womb: βρυγμός λαμβάνει the patient, and *Mul.* 1.64 (8.132.1 L.), with ulceration of the womb, where the woman δάκνεται and suffers intense headache and delirium (παρανοεῖ). From a grammatical point of view, the patient is in both cases the direct object of the 'biting' and 'grinding'. Should we translate, respectively, 'a biting pain took hold of her' and 'she was bitten (by pain)'? The imagery of 'biting disease' is not unprecedented (see Jouanna 1990/2012, but with reference to cases of gangrene, amply testified in the imagery used in Sophocles' *Philoctetes* to describe the hero's wound). If we do not wish to draw a final conclusion, we can maintain that the image of grinding the teeth and the imagery that conceives of distress as a form of biting that attacks the patient have at their origins the same observations, a gnawing and biting compulsion signalling anxiety and distress.

The attention to the eyes and mouth is very similar to what is seen in the medical treatises, but bypasses entirely the complexities of the physiological explanations behind these signs (the movement of fluids, air, heating, fever and so forth).⁸⁴

Consider *Ba.* 620–1:

panting in his rage, dripping sweat
from his entire body, gnawing his lips with his teeth.

θυμὸν ἐκπνέων, ἰδρῶτα σώματος στάζων ἄπο,
χεῖλεσιν διδοῦς ὀδόντας

Or the deranged Agave at *Ba.* 1122–3:

She was exuding foam [from her mouth], and rolling
her distorted eyes, not thinking as she should have,

ἡ δ' ἄφρον' ἐξεῖσα καὶ διαστρόφους
κόρας ἐλίσσουσ', οὐ φρονοῦσ' ἃ χρὴ φρονεῖν,

Euripides is the first tragic poet to include the foaming mouth in the repertoire of insanity. This is already so at *HF* 931–4, the madness of Heracles:

He was no longer himself,
but was completely lost, with squinting eyes,
throwing around bloodthirsty glances with the eyes,
he was dripping foam over his bearded cheeks.

ὁ δ' οὐκέθ' αὐτὸς ἦν,
ἀλλ' ἐν στροφαῖσιν ὁμμάτων ἐφθαρμένος
ρίζας τ' ἐν ὄσσοις αἱματῶπας ἐκβαλὼν
ἄφρον' κατέσταζ' εὐτρίχος γενειάδος.

Also Orestes at *IT* 307–8:

and the stranger fell prey to an attack of mania,
as foam dripped down his chin.

πίπτει δὲ μανίας πίτυλον ὁ ξένος μεθείς,
στάζων ἄφρῳ γένειον

And again at *Or.* 219–20:

Lift me up, lift me, wipe dry foam off my wretched
mouth and my eyes!

⁸⁴ Interestingly, the sign we have just explored appears in Christian sources in a description of excruciating punishment: Matthew 8:12, ἐκεῖ ἔσται ὁ κλαυθμὸς καὶ ὁ βρυγμὸς τῶν ὀδόντων.

λαβοῦ λαβοῦ δῆτ', ἐκ δ' ὁμορξον ἀθλίου
στόματος ἀφρώδη πελανὸν ὀμμάτων τ' ἐμῶν.

In comedy, finally, Aristophanes' *Lys.* 1256–8 offers a representation of Spartan martial fury using a comparison with wild boars, in which

much foam flowered on their chins,
much foam dripped down their legs.

πολύς δ'
ἀμφὶ τὰς γένυας ἀφρός ἦνσεν,
πολύς δ' ἀμὰ κατῶν σκελῶν ἔτετο.

The use the dramatic poets make of these tokens of mental disorder seems to combine the results of medical observation with received clichés in order to fit dramatic visual requirements. At *Medea* 1168–75, the agony of Glauke as she wears the poisoned tunic sent by Medea to kill her amalgamates many of the signs just surveyed:

She turned pale, reeled backwards,
trembling in every limb, and sank upon a seat
scarcely soon enough to save herself from falling to the ground.
An older woman, one of her company, thinking perhaps it was
a fit sent by Pan or some god, raised a cry of prayer,
till she saw the foam dripping from her mouth,
her eyeballs rolling in their sockets,
and all the blood withdrawn from her face.

χροιὰν γὰρ ἀλλάξασα λεχρία πάλιν
χωρεῖ τρέμουσα κῶλα καὶ μόλις φθάνει
θρόνοισιν ἐμπεσοῦσα μὴ χαμαὶ πεσεῖν.
τις γεραία προσπόλων, δόξασά που
ἢ Πανὸς ὀργὰς ἢ τινος θεῶν μολεῖν,
ἀνωλόλυξε, πρὶν γ' ὄρᾳ διὰ στόμα
χωροῦντα λευκὸν ἀφρόν, ὀμμάτων τ' ἄπο
κόρας στρέφουσιν, αἵμά τ' οὐκ ἐνὸν χροῖ.

In this scene, there is no reference to mental pathology, no expectation of insanity; what is represented is a violent, exogenous attack (intoxication by poison), excruciating pain and eventual death. In this passage, a 'block' of signs from the insanity repertoire is used to qualify agonising death and restlessness, which in turn often accompany insanity. The central element, mental disorder, has been removed, but audiences can make the connection automatically, and the disfigurement of the body offers precisely the same spectacle as a disordering of the mind, so much so that Guardasole

includes these verses under the heading of Euripidean presentations of insanity, without questioning the absence of any actual reference to madness.⁸⁵ This is part of how poetic texts are fabricated and of how imagery brings clusters of elements together. But it also testifies to a view in which there is no invisible, abstract source of insanity of which the visible alteration of the body is a consequence.⁸⁶

2.3.3 *The Voice*⁸⁷

We must at this point look – or listen – closely to the sound of the human voice in our texts and its relation to mental health and disorder. We have seen this sign in connection with suffocation, as is to be expected, but the topic deserves discussion on its own terms. Like attention to the eyes and vision, the voice too has a wider cultural importance, although our medical sources stand out for the number of subtle details they detect with respect to it.

The extraordinary degree of attention devoted by the physicians to the voice of the ill and to its variations has several possible explanations.⁸⁸ First, this is a function of the cultural weight assigned to speech and verbal communication in Greek culture generally, which always makes ἀφωνίη a momentous sign, whether of solemnity or of ill omen and menace.⁸⁹ In the medical field, there are further and more specific levels on which the voice matters. One reason is that speech impairment dangerously disrupts the channel of communication between physician and patient, and more generally between the individual and the outside world,⁹⁰ declaring

⁸⁵ See Guardasole (2000) 198–9.

⁸⁶ For the representation of death itself, in this perspective, as a mental fact, see Chapter 3, pp. 265–72.

⁸⁷ In current medical accounts, voice disorders can be caused by any damage to the organs of phonation ('structural changes in the vocal fold': respiratory apparatus, throat, voice box, mouth), but may also have a neurological or mental origin. Contemporary studies recognise the following disorders: neurogenic voice disorder (nerve paralysis, dysphonias of various kinds); disorders of voice use (e.g. mutational/falsetto/puberphonia); psychogenic conversion (aphonia and dysphonia) (based on the operational categories offered by the Blaine Block Institute for Voice Analysis and Rehabilitation, www.bbivar.com). These classifications are of no use for understanding the ancient sources, but are a useful indication of the complexity of this sign.

⁸⁸ Over 170 occurrences in the Hippocratic collection of φωνή and cognates alone; this offers only an impression, since the vocabulary involved is much wider and richer than this.

⁸⁹ See Montiglio (2000) for an analysis of 'silence' and 'silences' in Greek culture and literature as a sign of disease among the other things, especially Chapter 7 on silence and death; 228–38 deal briefly with the Hippocratic writings. Focusing on medical material, Gourevitch (1983a); Ciani (1987); Wollock (1997), with fundamental discussions of Hippocratic, Aristotelian and Galenic sources as well as the medieval and Renaissance tradition; Laes (2013), although with limited consideration of medical sources.

⁹⁰ On this, King (1998) 160; Montiglio (2000) 228–9; Webster (2015) on voice and patienthood; Gourevitch (1983a).

a dangerous closure of the individual in upon himself. There is more, however, to the semantics of voice and silence in our texts than a practical impediment to communication. Impairment of voice and of the emission of abnormal sounds always indicates an acute situation, and ἄφωνία is generally characterised by an abrupt onset, which makes it different from an inability to communicate pure and simple, lending the sign a status of marker for critical moments. The interruption of voice emission appears in fact at moments of emergency – these are ‘heralds of death’, to use Montiglio’s expression.⁹¹ From a narrative point of view, silence indicates a turn in the progression of the disease. As summarised at *Coac.* 240 (160.26 Potter = 5.636.13 L.), for example, ‘loss of speech, ἄφωνία, together with faintness is a very bad sign’, κάκιστον, while at *Coac.* 249 (162.15 Potter = 5.638.4 L.) ‘derangements of the mind, ἐκστάσεις, in association with loss of speech (μετὰ ἄφωνίης), are a fatal sign’ (ὀλέθριοι).⁹²

In a major discussion, Wollock surveys the fundamental steps in ancient theories of speech and speech impairment, looking however not so much at the clinical phenomena under discussion here as at the theories about the voice that develop later and their early medical antecedents. Wollock discusses definitions of voice and speech in the key ancient sources, Aristotle, the pseudo-Aristotelian *Problemata* and Galen.⁹³ In Aristotle, the association of φωνή with the state of the mind is already taken for granted (most clearly ‘the voice is a sign of the παθήματα τῆς ψυχῆς’, *De Int.* 16a3–9; see also *De An.* 2.8, 420b6–33); the entire Book 11 of the *Problemata* is devoted to the voice (φωνή) and mentions several mental implications, as we shall see. Galen discusses speech disorders in *On the Affected Parts* and *On the Diseases and Symptoms*,⁹⁴ as well as commenting on key Hippocratic passages; he also composed a treatise *On Voice*, now lost.⁹⁵ This is not the place to enter into a detailed discussion of the point, but it appears to be clearly established from Aristotle onwards that the voice should be a factor in human life (in health as much as in pathology) and has important commerce with mental functions and disturbances.

⁹¹ Montiglio (2000) 229.

⁹² Also *Prorrh.* 1.54 (81.7–8 Polack = 5.524.4–5 L.), ‘loss of speech in fevers in which patients become deranged in a convulsive manner is a bad sign’, αἱ ἐν πυρετοῖσιν ἄφωνία σπασμώδεα τρόπον ἐξίστανται· ὀλέθριοι; *Prorrh.* 1.55 (81.8–9 Polack = 5.524.5 L.), ‘loss of speech arising from exertion brings a hard death’, αἱ ἐκ πόνου ἄφωνία δυσθάνανται.

⁹³ Wollock (1997) 7–12, 49–63 on the *Problemata* 147–87, 261–3 on Galen, and 305 on stuttering and *melancholia*. I am largely following his helpful synthesis here.

⁹⁴ See Wollock (1997) 151.

⁹⁵ See Wollock (1997) 169–71.

Characteristically, this commerce is almost never clearly spelt out in the earlier medical texts under discussion here, least of all in the clinical ones, the patient cases, that offer the richest information on voice. (As we shall see, *Regimen* gives a somewhat complementary body of theoretical information on the relevance of the voice to the state of the ψυχή.) We turn, then, to voice phenomena in our texts, starting with the physiological background and progressing towards the mental (and even moral and spiritual) connections suggested by the sign. Voice, like eye behaviour, can be seen to be located at a crossroad between physiological and mental phenomena.

2.3.3.1 *Physics of the Voice: The Mechanics of Voice Emission*

Speech takes place by a person drawing air inside his whole body, but mostly into his hollow parts; as this air is forced out through the empty space, it produces sound, for the head resonates. The tongue articulates by touching; by enclosing [the air] in the throat and touching the palate and the teeth, it gives the sound clarity. If the tongue did not articulate by touching each time, the person would not speak clearly, but would utter simple sounds, as they all are by nature. A proof of this is that persons deaf from birth do not understand how to speak, but utter simple sounds, just as they are naturally, and if someone exhales entirely, [then also he cannot speak]. This is clear: when people wish to speak loudly, they draw in air from outside and force it out and shout loudly as long as their breath lasts; after this their voice dies away. Performers who sing to the accompaniment of the lyre, when they must sing an extended passage, first forcefully draw in their breath as much as possible, and then greatly extend their delivery, and recite and sing loudly as long as they have breath; and when their breath is gone, they stop. From these examples, it is clear that it is the breath that produces speech. I have seen persons who have cut their own throats and have severed the throat completely. They are alive, but they cannot speak unless someone closes their throat; then they can speak. From this too it is clear that a person cannot draw his breath into the hollow spaces after his throat has been cut, but instead expels it through the cut. So it is with the voice and likewise with speech.

διαλέγεται δὲ [διὰ] τὸ πνεῦμα ἔλκων ἔσω ἐς πᾶν τὸ σῶμα, τὸ πλεῖστον δὲ ἐς τὰ κοῖλα αὐτὸς ἑωυτοῦ· αὐτὸ δὲ θύραζε ὠθεόμενον διὰ τὸ κενεὸν ψόφον ποιεῖ· ἡ κεφαλὴ γὰρ ἐπηχεῖ. ἡ δὲ γλῶσσα ἄρθροί προσβάλλουσα· ἐν τῷ φάρυγγι ἀποφράσσουσα καὶ προσβάλλουσα πρὸς τὴν ὑπερώην καὶ πρὸς τοὺς ὀδόντας ποιεῖ σαφηνίζειν· ἣν δὲ μὴ ἡ γλῶσση ἄρθροί προσβάλλουσα ἐκάστοτε, οὐκ ἂν σαφέως διαλέγοιτο ἀλλ' ἢ ἕκαστα φύσει τὰ μονόφωνα. τεκμήριον δὲ ἐστὶ τούτῳ, οἱ κωφοὶ οἱ ἐκ γενεῆς οὐκ ἐπίστανται διαλέγεσθαι, ἀλλὰ τὰ μονόφωνα μοῦνον φωνέουσιν, οὐδ'

εἴ τις τὸ πνεῦμα ἐκπνεύσας πειρῶτο διαλέγεσθαι. δῆλον δὲ τόδε· οἱ ἄνθρωποι ὅποταν βούλονται μέγα φωνῆσαι, ἔλκοντες τὸ πνεῦμα τὸ ἔσω ὠθέουσι θύραζε καὶ φθέγγονται μέγα, ἕως ἂν ἀντέχη τὸ πνεῦμα, ἔπειτα δὲ καταμαραίνεται τὸ φθέγμα· καὶ οἱ κιθαρῳδοί, ὅποταν δέῃ αὐτοῖσι μακροφωνεῖν, ἐπ’ ἄκρον ἐλκύσαντες τὸ πνεῦμα ἔσω πολὺ ἐκτείνουσι τὴν ἐκφορὴν καὶ φωνέουσι καὶ φθέγγονται μέγα, ἕως ἂν ἀντέχῃ τῷ πνεύματι, ἐπὶ δὲ τὸ πνεῦμα ἐπιλίπη, καταπαύονται· τοῦτοισι δῆλον ὅτι τὸ πνεῦμά ἐστι τὸ φθεγγόμενον. εἶδον δὲ ἤδη οἱ σφάξαντες ἑωυτοὺς ἀπέταμον τὸν φάρυγγα παντάπασιν· οὗτοι ζῶσι μὲν, φθέγγονται δὲ οὐδέν, εἰ μὴ τις συλλάβῃ τὸν φάρυγγα· οὕτω δὲ φθέγγονται· δῆλον δὲ καὶ τούτῳ, ὅτι τὸ πνεῦμα οὐ δύναται διατετμημένου τοῦ φάρυγγος ἔλκειν ἔσω ἐς τὰ κοῖλα, ἀλλὰ κατὰ τὸ διατετμημένον ἐκπνεῖ. οὕτως ἔχει περὶ φωνῆς ἴσως καὶ διαλέξις.

This passage from *Carn.* 18 (199.24–200.24 Joly = 8.606.18–608.21 L.) shows that the author had certain firm opinions about the origins and physics of the voice:

1. The tongue articulates sound by moving against and within the oral cavity.
2. The act of speaking takes place through the emission of air.
3. Air requires the throat in order to be emitted.
4. The head provides resonance to the voice.

This clear physics of voice presents, in a plausible summary, the areas of the human body whose impairment might affect the voice, or whose state might be assessed in the event of an impaired voice: respiratory disorders (*peripleumonia*, suffocation), problems with the throat (angina), affections of the head (of various kinds; the connection is not direct or specified) and behaviours of and problems with the lips and tongue.

Previous discussion of the voice in our sources has generally separated the cultural factor (given more emphasis by Montiglio,⁹⁶ for example) from the medical (to which Gourevitch and Ciani devote more space).⁹⁷ In what follows, I review the physiology of voice emission and its disruption starting from the hardware, so to speak, and moving progressively towards the less physiologically determined mental context of voice disturbance. Readers have generally maintained a neat distinction between bodily affection and mental voice disturbance. My approach suggests rather that physiological affections of the voice emerge from the beginning as relevant to the mental. Even in cases in which a physical cause of voice disturbance

⁹⁶ Montiglio (2000).

⁹⁷ Gourevitch (1983a); Ciani (1987).

is clearly central, a mental connotation is involved and the phenomena of mouth and voice become *per se* mental facts.

2.3.3.1.1 Voice and Mouth

As the author of *Fleshes* clearly states, the voice is influenced, first of all, by the material condition of its organs of emission, the mouth (στόμα), lips (χειλέα), tongue (γλῶσσα) and throat (φάρυγξ). Several references to the state of the tongue are found in our texts in connection with changes of voice. The tongue can be ‘dry’ (ὕπόξερος) or ‘lispings’ (ἄσαφής, more generally ‘unclear’; specifically applied both to the lispings tongue and unclear speech). In the angina case at *Epid.* 3.1, case 7 (221.4 Kühlewein = 3.54.1 L.), for instance, unclear voice/indistinct speech (ἄσαφής φωνή) is associated with a red, parched tongue (γλῶσσα ἐρυθρή, ἐπεξηράνθη); at *Epid.* 7.22 (65.7–9 Jouanna = 5.392.13–14 L.), a female patient presents a tongue that is dry and characterised by unclear speech (γλῶσσα ὑπόξερος, ἄσαφής), in combination with fever. At *Epid.* 6.7.1 (148.44–5 Manetti–Roselli = 5.334.19–20 L.), ‘those who moreover had difficulty speaking clearly were hit by a more severe and long-lasting form [of quinsy]’ (οἱ δὲ καὶ διαλεγόμενοι πρὸς τούτοισιν ἄσαφέως, καὶ ὀχλωδέστερα καὶ χρονιώτερα). ἄκροπις is also used specifically in *Epidemics* 7 to mean ‘slurred, unclear’.⁹⁸

These signs are strictly physiological; association of them with the mental sphere emerges elsewhere. At *Prorrh.* 1.3 (75.7–8 Polack = 5.510.6–7 L.), for instance, dryness of the tongue (γλῶσσα κατὰξεροι) is taken to indicate *phrenitis* (φρενιτικά). An obvious physiological explanation – fever causing overheating and dryness – is here associated with the specificity of phrenitic fever, with its significant mental aspect, and with the disorderly communication that feverish speech implies. The drying out of the oral tissues is closely described at *Epid.* 7.2 (49.3–50.14 Jouanna = 5.366.7–368.13 L.), the case of Pythodorus. This patient suffers from fever, and his illness is characterised by several mental aspects (he is affected by παραλήρησις, is out of himself, μόγισ ἐντὸς ἑωυτοῦ, 49.20–1 Jouanna = 5.366.20–21 L.). He is ἄδιψος, thirstless/not drinking (49.21 Jouanna = 5.366.21 L.), and is visibly affected in the area of the face around and inside the mouth: ‘after sleep, his tongue lisped from dryness, unless his mouth was rinsed’ (γλῶσσα ἐκ τοῦ ὕπνου, εἰ μὴ διακλύσαιτο, ὑπότραυλος ὑπὸ ξηρότητος, 50.1–2

⁹⁸ *Epid.* 7.43, with γλῶσσα, 78.2 Jouanna = 5.410.11 L.; interpreted in the same sense at *Epid.* 7.46, 80.16 Jouanna = 5.414.14 L.; *Epid.* 7.84, 100.14 Jouanna = 5.442.23 L., although it is difficult to assign the term a precise meaning.

Jouanna = 5.368.3 L.). Here too, dryness of the mouth and stuttering or unclear speech seem to be associated with fever and heat and concomitant with mental disturbance.

This emerges also at *Epid.* 2.5.2 (70.7–10 Smith = 5.128.8–12 L.) where, in a physiognomic spirit, ‘those who stammer with their tongue and cannot control their lips necessarily become empyemic. That is resolved by severe pain in the lower area or deafness, also by much blood from the nostrils or by *mania*’ (μανία); a mental pathology, μανία, can have an effect of resolution on the state of the tongue and the capacity of articulating speech. Compare *Judic.* 43 (14.5 Preiser = 9.290.9–11 L.), where μανία is one possible outcome of a sudden cessation of stammering. In all these cases, some mutual influence is attributed to speech articulation and mental state, but bypassing involvement with the cognitive aspect – speech and logical abilities.

To summarise, the sign of a dry, lisping tongue belongs mostly to the territory of high fevers and the overheating they bring; mental impairment is a related implication. Voice and speech disturbance are partly determined by the condition of the tongue and mouth, and accompany the mental manifestation of the disease.

2.3.3.1.2 Laryngeal Suffocation

According to the account offered in *Fleshes*, the second physical fact influencing voice articulation is the movement of air, πνεῦμα, from inside to outside of the body. Suffocation is thus the direct and obvious physiological cause of the most severe forms of voice impairment, complete speechlessness or loss of voice, ἄφωνία/ἀναυδία. Suffocation, unlike in our understanding of the phenomenon as strictly related to the respiratory tract, can happen at the level of the upper part of the torso, head and face, but also elsewhere in the body, as already noted. We have seen the overlap of this phenomenon with mental health; I shall now concentrate on the pathology of the larynx that most specifically impacts speech (although πνίξις in other parts of the body affects it as well).

Damage to or illness of the throat are in question, as in cases of angina or quinsy, κυνάγχη: at *Epid.* 5.63 (28.10–29.5 Jouanna = 5.242.7–14 L. and *Epid.* 7.28 (69.10–70.2 Jouanna = 5.400.1–9 L.), a swollen neck and suffocation of the pharynx (οἰδημα ὑπὸ τὸν βρόγχον) cause persistent ἄφωνία during the illness; at *Epid.* 5.104 (45.10–46.2 Jouanna = 5.258.13–16 L.; cf. *Epid.* 7.18, 64.3–4 Jouanna = 5.390.17–18 L.⁹⁹), in a case of angina,

⁹⁹ The block of cases at *Epid.* 5.51–106 (except 86) is repeated in *Epid.* 7, where they are generally more fully elaborated.

being ἄφωνος is accompanied by convulsions, rattling, clenching of the teeth and redness of the cheek (σπασμώδης, ἄφωνος· ῥέγχος· ὀδόντων συνέρεισις· γνάθον ἔρευθος) and the patient is said to produce a sound, 'like the so-called ventriloquists' (ὥσπερ αἱ ἐγγαστρίμυθοι λεγόμεναι). In the patient with angina at *Epid.* 7.28 (69.14–15 Jouanna = 5.400.4–5 L.), ἄφωνή is present as she 'felt as if there was a gathering around her *kardiê* (κατὰ τὴν καρδίην ἔφη δοκεῖν τι ξυνάγεσθαι ἑωυτῇ), and made a noise 'as if she was catching her breath after having been submerged' (ἀνέπνει οἷον ἐκ τοῦ βεβαπτίσθαι ἀναπνεοῦσθαι). This patient, already discussed in the previous section, also has a dry tongue and unclear speech. At *Acut. (spur.)* 7 (71.6–11 Joly = 2.406.4–9 L.), 'stoppage of air through the vessels' caused by 'affluxes of dark bile and sharp fluids', which prevent air from being transported properly through the blood, is accompanied by 'darkening of vision and loss of speech, and heaviness of the head or even convulsions (ἄφωνή καὶ κερηβαρή ἢ καὶ σπασμοί) ... as a consequence of this, patients become epileptic or are paralysed' (ἐνθεν ἐπίληπτοι γίνονται ἢ παραπληγες). Suffocation and its consequences on speech, on the one hand, and disorders regularly attributed to the mental sphere, on the other, have considerable overlap.

In these examples, suffocation and a peculiar quality of the voice ('like that of ventriloquists', 'like that of people coming to the surface after having been submerged') are physiological aspects of an illness of the throat area (but concomitant with signs such as bruxism, spasms, redness of the face and the subjective symptom of oppression to the chest). More direct relevance to the mental health emerges at *Prorrh.* 1.25 (77.14–16 Polack = 5.516.7–8 L.), where a medical question poses a primary connection between the purely physiological data regarding voice and lack of breath and mental disturbance: 'In those who have lost their speech, perceptible breathing resembling that heard in suffocation bodes ill; does this also indicate oncoming derangement?' (ἐν ἄφωνῇ πνεῦμα οἷον τοῖσι πνιγομένοισι πρόχειρον πονηρόν· ἄρα γε καὶ παρακρουστικὸν τὸ τοιοῦτον). Consider also *Epid.* 3.17, case 15 (243.26–244.16 Kühlewein = 3.142.5–146.6 L.), a patient with fever; at the end of the case it is said that her respiration was ἀραιόν, μέγα, 'rare and large/deep', she was unaware of what was happening around her (ἀναισθήτος πάντων εἶχεν) and constantly wrapped herself up, with 'either much rambling or silence throughout' (ἢ λόγοι πολλοὶ ἢ σιγῶσα διὰ τέλους). This speechlessness, one is led to believe, is entirely mental (σιγῶσα rather than ἄφωνος, which might suggest volition, given that it comes after remarks about cognition and pathological behaviour); on the other hand, the proximity to the matter of breathing is not coincidence.

These signs belong to a spectrum with physiological and mental poles, but are part of the same continuum.

In conclusion, through clusters of signs variously superimposed upon one another a clear connection between respiration and vessel circulation, the voice, the appearance of the face, the colour of the complexion and the possibility of mental illness emerges. This connection has effects on different levels: from cognitive impairment and delirium, to compulsive behaviours such as grinding the teeth or rolling the eyes, to sensory disruptions such as disturbed vision. If some of these are plausibly explained through contemporary understandings of the physiology of respiration and fluid circulation within the body, in others there is an obvious gravitational mechanism at work that brings together data perceived to have to do with mental health.¹⁰⁰

2.3.3.1.3 The Disorders of Voice Emission: The Head

The third element that comes into play in the emission of the voice is the head. As we move further away from what modern anatomy considers the structural conditions for the physics of voice, we find cases in which ἄφωνή and other affections of the area are registered without mechanical damage to the emission organs or the respiratory tract or blockage of any sort. This is most apparent in the case of wounds and concussions, as damage connected to voice impairment can also be of traumatic origin. In these cases, the connection can be only partially explained by damage to the centre of cognition; this should impair logical speech and not be an obstacle to the physics of voice emission. Here, too, the signs appear to work by association, as accidents and traumas are often (but not always) connected with mental suffering.¹⁰¹ Typical encephalic cases are those at *Aph.* 7.58 (470.8–9 Magd. = 4.594.10–11 L.), ‘concussion of the brain from any cause, the patient necessarily (ἀνάγκη) becomes ἄφωνος immediately

¹⁰⁰ In this sense, the distinction between ‘maladies somatiques’ and ‘maladies psychiatriques’ that Gourevitch (1983a) 298 proposes within the instances of ἄφωνή cannot be clearly established. Ciani (1987) 160 also speaks of a distinction between the two types of causation and affection, albeit meaning by the term ‘body’ ‘that complex sphere of *psyche* and *soma* which has defined man since the days of Homer’ (300; my translation; cf. 300–1).

¹⁰¹ See also troubled speech in the case of wounds and ensuing gangrene at *Epid.* 7.110 (111.23–5 Jouanna = 5.460.1–3 L.), in the case of Ariston: ‘Ariston, whose toe had a lesion on accompanied by fever, suffered from confusion [of speech]. Gangrene ran up as far as his knee. He died’ (Ἀρίστωνι, δακτύλου ποδὸς ἡλκωμένου ξὺν πυρετῷ, ἀσάφεια· τὸ γαγγραινώδες ἀνέδραμεν ἄχρι πρὸς γόνυ· ἀπώλετο). I follow the interpretation offered by Jouanna (2003) 260 *ad loc.*, who takes ἀσάφεια as referring to the ‘netteté de la parole’ – rightly, as the noun or corresponding adjective typically appears with reference to the γλῶσσα. Smith translates instead ‘mental confusion’ more generally (381 *ad loc.*).

(παραχρημα)'; likewise at *Morb.* 1.4 (10.15–17 Wittern = 6.146.8–10 L.), a case of shaken brain, in which the patient loses speech, sight and hearing (καὶ ἦν ὁ ἐγκέφαλος σεισθῆ τε καὶ πονέσῃ, πληγέντος, ἄφωνον παραχρημα γενέσθαι ἀνάγκη, καὶ μήτε ὄρῃν, μήτε ἀκούειν). Compare at *Epid.* 5.55 (25.6–13 Jouanna = 5.238.11–16 L.; cf. also *Epid.* 7.75, 93.13–94.4 Jouanna = 5.434.9–15 L.), the case of a woman who fell from a cliff. From the start, she tosses about, ῥιπτασμός εἶχεν, and displays signs such as rasping in the throat, rapid breathing 'like those who are dying' (ὥσπερ τῶν ἀποθνησκόντων), strained blood vessels on the forehead, and the fact that she lies on her back, a pathological posture that can also accompany mental problems. She is ἄφωνος from the start, but recovers her voice on the seventh day ('she broke her voice free', φωνὴν ἔρηξεν); recovery follows. Consider also the case at *Epid.* 7.32 (71.3–10 Jouanna = 5.400.22–402.5 L.; cf. also *Epid.* 5.60, 27.1–7 Jouanna = L.) of the patient struck on the head above the left temple with a stone by 'the Macedonian'. The injured person 'blackened out and fell' (ἔσκοτώθεν ... καὶ ἔπεσεν), and on the third day became ἄφωνος. He also displays mental signs such as tossing about/derangement/anxiety (ἀλυσμός), inability to hear (ἤκουεν οὐδέν), mental impairment (οὐδὲ φρονεῖ) and trembling (οὐκ ἀτρεμέως), together with throbbing vessels in the temple connected with overheating.

Disturbance of the head in the form of headache and ἀφωνία also appear together, as in the unspecified disease described at *Morb.* 2.6a (137.9–10 Jouanna = 7.14.8–13 L.), where there is sudden pain in the head, and the patient is ἄφωνος and lacks control over his body; the cause is the motion of black bile in the head (ὅταν αὐτῷ μέλαινα χολή ἐν τῇ κεφαλῇ κινηθεῖσα ῥύῃ). At *Morb.* 3.8 (76.11–15 Potter = 7.126.17–22 L.), through drunkenness and other unspecified factors (ἄλλως τε καὶ ἐκ μέθης), a sharp pain originating in the head is said to make the person ἄφωνον, with lethal consequences. This is especially so, we are told, when the cause is not drunkenness (i.e. apparently, is not temporary or exogenous); when the cause is drinking (ἐκ τῆς μέθης), the voice can eventually break through (ρήξωσι φωνήν).

In conclusion, here too there is an association between an observed sign, lack of speech, and damage to the head or brain, but no explicit association with an encephalocentric belief is hinted at or even necessary in these cases. The net of signs suggests an association between voice disturbance and problems with the head.

2.3.3.1.4 The Body as a Whole

After the connection between mouth, air circulation and head, mention must also be made of the possibility of voice impairment coming from an

affection of the body as a whole.¹⁰² This is found, for instance, at *Epid.* 7.8 (56.19–57.3 Jouanna = 5.378.19–380.2 L.), a patient suffering from fever followed by paralysis, with clenched jaws and loss of speech. The affection of the voice is here expressly the consequence of the ‘paralysis, motionlessness and weakness of the body’ (ἡ τε φωνὴ ψελλή διὰ τὸ παραλελυμένον καὶ ἀκίνητον καὶ ἀσθενὲς εἶναι τὸ σῶμα· ἔμφρων δέ); the qualification ἔμφρων δέ, ‘on the other hand, he was in his right mind’, indicates the mental quality of the discussion.

At *Mul.* 1.2 (8.18.5–9 L.), in a case of amenorrhoea, an unclear tongue and loss of speech are inserted into a general picture of mental disturbance, including cognitive aspects, emotions and moods (λειποθυμῆσει ... λειποθυμία, 8.16.19; 8.18.6 L.), and physical compulsions (βρυξεί τοὺς ὀδόντας καὶ ἀσιτήσῃ καὶ ἀγρυπνήσῃ ... δίψα ἰσχυρή; ἀλύξει ... ῥίψει ἑωυτήν ἄλλοτε καὶ ἄλλοτε). Such instances involving the body as a whole, in which ἀφωνία appears to be primary or independent of mechanical misfunction, are more readily associated with the mental sphere. Likewise the case of Androthales at *Epid.* 7.85 (100.16–20 Jouanna = 5.444.1–4 L.; cf. 5.80, 36.7–11 Jouanna = 5.248.23–250.2 L.):

Androthales suffered from voicelessness, unawareness and delirium. When these matters were resolved, he went about for many years and there were relapses. His tongue stayed dry at all times. If he failed to rinse it, he could not speak.

Ἀνδροθαλεῖ ἀφωνία, ἀγνοία, παραλήρησις· λυθέντων δὲ τούτων, περιήγει ἔτεα συχνὰ καὶ ὑποστροφαὶ ἐγίνοντο· ἡ γλῶσσα διετέλει πάντα τὸν χρόνον ξηρή· εἰ μὴ διακλῦσαιτο, διαλέγεσθαι οὐχ οἷός τε ἦν.

The bodily factor in this impairment is evident: dryness. At the same time, ἀφωνία is the sign that opens the case, mentioned apparently as a chronic ailment in association with ἀγνοία and παραλήρησις. The voice reflects the general health of the body and specifically the mental state of the patient.

¹⁰² The fact that a voice impediment may originate elsewhere than in a mechanical flaw in the organs of emission (which connects it in a more comprehensive, organic sense to the body of the patient and thus to mental life) is clear in its presence in many other pathologies and circumstances: *hydropia* (*Epid.* 7.20, 64.11–65.3 Jouanna = 5.392.3–11 L.; *Epid.* 7.21, 65.4–6 Jouanna = 5.392.11–12 L.), *opisthotonus* (*Coac.* 355, 186.26 Potter = 5.658.23–660.3 L.), *apoplexy* and *diarrhoea* (*Aph.* 6.32, 454.6 Magd. = 4.570.10 L.), drunkenness (*Morb.* 2, 22, 156.10–12 Jouanna = 7.36.14–15 L.; *Epid.* 1.26, case 2, 203.11–204.19 Kühlewein = 2.684.10–688.8 L.), over-exertion and drinking (*Aph.* 5.5, 430.6–8 Magd. = 4.534.1–3 L.), *arthritis* (*Epid.* 5.91, 41.4–8 Jouanna = 5.254.7–10 L.), *phrenitis* and various fevers (*Morb.* 2.22, 156.10–11 Jouanna = 7.36.14–15 L.; *Epid.* 7.8, 56.19–57.3 Jouanna = 5.378.19–380.2 L.; *Epid.* 7.108, 111.10–15 Jouanna = 5.458.13–16 L.; *Epid.* 7.118, 114.14–115.5 Jouanna = 5.464.3–11 L.; *Prorrh.* 1.54, 81.7–8 Polack = 5.524.4–5 L.; *Prorrh.* 1.91, 86.8–9 Polack = 5.532.14–534.1 L.; *Coac.* 341, 184.9–10 Potter = 5.656.17–18 L.), melancholic affection (*Aph.* 7.40, 466.10–467.1 Magd. = 4.588.8–9 L.).

Note also *Epid.* 7.108 (III.10–15 Jouanna = 5.458.13–16 L.):

Thynus' son, in a burning fever, took no food or drink. He passed large amounts of bilious excrement, with faintness and much sweat. He was severely chilled. He was voiceless a whole day and night. He was administered strained barley broth and kept it down. He regained his senses/composure, his breathing became normal.

τῷ τοῦ Θυνοῦ σφόδρα ἐν πυρετῷ καυσώδει ἐλιμοκτονήθη ὑποχώρησις
συχνή χολῆς ἐγένετο μετὰ ἀψυχίης καὶ ἰδρώτος πολλοῦ· κατεψύχθη
σφόδρα· ἄφωνος ἦν ἡμέρην ὅλην καὶ νύκτα· ἐγχεόμενος χυλὸν πτισάνης,
κατείχετο, ἐφρόνει, εὐπνοος ἦν.

In this case, we have a pathological situation followed by a recovery signalled by κατείχετο and ἐφρόνει, 'he regained its senses/composure and was mentally sound'. This 'mental composure (κατείχετο)' is defined in opposition to ἀψυχή, a tendency to faint, and ἄφωνος. Finally, at *Morb.* 4.44 (II.5.18–II.6.11 Joly = 7.598.1–18 L.), the author discusses the effects of roundworms (ἡ ἔλμινς) in the body and points out that when the worm springs against the liver, provoking pain, speechlessness (ἀναυδίη) might follow, with copious discharge of saliva. This is perhaps explicable as hinting at the mental relevance of the liver,¹⁰³ but also testifies generally to an interpretation of the voice as indicating the health of the body as a whole, which is one way in which its mental relevance comes about.¹⁰⁴

2.3.3.2 *Metaphysics of the Voice: The Voice, the Senses and the Soul*

Up to this point, we have explored examples of impaired voice and ἄφωνή connected with suffocation of various origins and rooted in various locations in the body, trying to map the correspondences with mental data. There is evidence, however, of a different theoretical sense in which contiguity between voice and mental aspects is built into medical texts of our period, explicitly in the discussions of ψυχή in *Regimen* and *On Humours*.

Vict. 1.36 (156.28–32 Joly-Byl = 6.524.4–10 L.) explains that the quality of the φωνή ('of which kind it be', ὁποίη τις ἂν ᾖ) depends on the movement of breath through the πόροι that connect the interior of the body with the outside world. This information comes as a corollary and a further example of the central argument at stake in this section of the

¹⁰³ On which, see also Introduction, p. 38.

¹⁰⁴ Compare the belief that women's voices change with the loss of virginity (on which, see Hanson 1986, 1990, 326, 328–9; King 1998, 28, 137). This is explained by the presence in females of passages connecting the upper and lower parts of the body (and simultaneously by analogies between the two parts). In this case as well, the nature of the passage (opened by sexual intercourse) affects the voice.

treatise, the aetiology of certain emotional and ethical characteristics of the ψυχή explained earlier. At *Vict.* 1.35 and 36, the writer has been discussing specifically the existence of six different types of ψυχή made of different proportions of fire and water and correspondingly endowed with different flaws and abilities. In the second part of this discussion (*Vict.* 1.36, 156.23–5 Joly-Byl = 6.522.22–524.1 L.), the author sets aside a number of additional qualities of human character and mental life which are dependent *not* on such mixtures but on ‘the nature of the passages through which the soul breathes’: ‘but in the following sort of cases the mixture [i.e. the blend of fire and water that characterises different types of ψυχή] is not the cause: irascibility and indolence, cunning and simple-mindedness, quarrelsomeness and benevolence (τῶν δὲ τοιούτων οὐκ ἔστιν ἡ σύγκρησις αἰτία· οἷον ὀξύθυμος, ῥᾶθυμος, δόλιος, ἀπλοῦς, δυσμενής, εὖνους· τῶν τοιούτων ἀπάντων ἡ φύσις τῶν πόρων δι’ ὧν ἡ ψυχή πορεύεται, αἰτία ἔστι). In all such cases, the cause is the nature of the passages through which the soul passes.’ Surprisingly, a discussion of φωνή follows (156.28–32 Joly-Byl = 6.524.4–10 L.):¹⁰⁵

Similarly, the nature of the voice too depends upon the passages for the breath. For the character of the voice inevitably depends upon the nature of the passages through which the air moves, and upon the nature of those it encounters. This [i.e. the voice] too indeed can be made better or worse, because it is possible to render the passages smoother or rougher to the breath, while one cannot alter the latter by regimen.

ώσαύτως δὲ καὶ τῆς φωνῆς, ὅποιή τις ἂν ᾗ, οἱ πόροι αἴτιοι τοῦ πνεύματος· δι’ ὁποίων <γάρ> ἂν τινων κινῆται ὁ ἀήρ καὶ πρὸς ὁποίους τινὰς προσπίπτῃ, τοιαύτην ἀνάγκη τὴν φωνὴν εἶναι. καὶ ταύτην μὲν δυνατόν καὶ βελτίω καὶ χεῖρω ποιεῖν, διότι λειοτέρους καὶ τραχυτέρους τοὺς πόρους τῷ πνεύματι δυνατόν ποιῆσαι, κείνο δὲ ἀδύνατον ἐκ διαίτης ἀλλοιῶσαι.

The insertion of this remark about the voice and the possibility of influencing it through diet (unlike the features of character listed above, which also depend on the passages although diet cannot correct them), extemporaneous and apparently incongruous with the rest of the passage, weighs in favour of taking it as having mental relevance. The voice is a flux of πνεῦμα reaching from the inside to the outside, and is identical to the ψυχή in this respect; its quality is affected by the passages through which it passes and the objects it encounters, just as a number of emotional and moral qualities (of the soul) are. Concomitance or similarity (ώσαύτως, says the

¹⁰⁵ Full discussion of this passage below, pp. 341–2.

author) should not make us think of a substantial common nature of ψυχὴ and φωνή, but it seems beyond doubt that the author of *Regimen* found it appropriate to assign ‘the voice’ a place within his own ‘psychology’ here and elsewhere. In fact, the author of *Regimen* later underlines the effects of the voice on the soul (*Vict.* 2.61, 184.8–16 Joly-Byl = 6.574.19–576.6 L.): ‘natural exercises are those of sight, hearing, voice and thought ... whatever thoughts a person has, the soul is both warmed and dried by these ... whatever exercises of the voice there are, whether speech, reading or singing, all these move the soul’ (οἱ μὲν οὖν κατὰ φύσιν αὐτῶν εἰσιν ὀψιος πόνος, ἀκοῆς, φωνῆς, μερίμνης ... ὅκόσα μεριμνᾷ ἄνθρωπος, κινεῖται ἡ ψυχὴ ὑπὸ τούτων καὶ θερμαίνεται καὶ ξηραίνεται ... ὅσοι δὲ πόνοι φωνῆς, ἢ λέξεις ἢ ἀνάγνωσις ἢ ᾠδαί, πάντες οὗτοι κινέουσι τὴν ψυχὴν). Not only is the voice similar to emotional and mental factors in man in the way its quality is determined, but it is also in some respect homologous to thoughts and cares, μερίμνη, and has an effect on the ψυχὴ in turn.

Moreover, in a subsequent passage from *Regimen* another list of aspects that lead to the mental sphere is presented, revealing a net of connections at work in the case of the voice that are more conceptual than physiological. This is relevant to understanding the double importance of speech and the voice as simultaneously communication from the subject to the world and an area of affection. As such, the voice here appears to be comparable to sensory capacities. The author is discussing the seven σχήματα that make up human αἴσθησις (*Vict.* 1.23, 140.20–2 Joly-Byl = 6.496.1–3 L.):¹⁰⁶

Through seven *schemata* comes human sensation: hearing of sound, sight of visible objects, nostrils of smell, tongue of pleasant or unpleasant taste, *mouth of speech*, body of touch, passages outwards and inwards of hot or cold breath.

δι’ ἑπτὰ σχημάτων καὶ ἡ αἴσθησις ἡ ἀνθρώπων· ἀκοὴ ψόφου, ὄψις φανεῶν, ῥίνες ὀσμῆς, γλῶσσα ἡδονῆς καὶ ἀηδίας, στόμα διαλέκτου, σῶμα ψαύσιος, θερμοῦ ἢ ψυχροῦ πνεύματος διέξοδοι ἔξω καὶ ἔσω.

¹⁰⁶ A difficult passage from the start (see also Bartoš 2015, 144–5). Are these the ‘seven vowels’, as in Jones’s explanation *ad loc.*, which is based on the larger example of writing that the author is giving (King 1998, 40 and 2013b, 89 simplifies excessively, taking this interpretation for granted)? And in any case, what would the association mean? Compare *Carm.* 19 (200.25 Joly = 8.608.22 L.) for the number seven explained as physiologically important, ὁ δὲ αἰὼν ἐστὶ τοῦ ἀνθρώπου ἑπταήμερος (see more on this passage below, in Chapter 4, p. 282 n. 13). The number seven returns in the Stoics’ view of the soul as made of seven components stretching out from the ruling part (the *hégemonikon*) into the body (Chrisippus, *De Anima* I, reported by Galen, *PHP* 3.1.9–11, 170.6–27 De Lacy = *SVF* 2.885); the image is that of an octopus according to Aëtius, *Placita* 4.21.1–4 (*SVF* 2.836); cf. also the later treatise *Seven*, on whose dating see below p. 403 n. 169.

This clumsily literal translation of the genitives with ‘of’ serves to render the difficulty of the expressions; we would say ‘there is hearing *for* sounds’, for instance, but I have attempted to retain the more neutral form of the original relationship between elements in each pair. In this sequence of pairs, ‘hearing and sounds’, ‘sight and appearances’, ‘tongue and tastes’ and ‘nose and odours’ are seen as homologous to στόμα διαλέκτου, the mouth and ‘word choice’ or ‘articulation of speech’, διάλεκτος. All are forms of αἴσθησις. The pairs are already somehow incongruous, since sight and hearing differ from tongue and nose by being in one case a faculty, in the others organs or bodily parts, unless one interprets the words metonymically. Moreover, the final element, πνεῦμα, is a fluid that enters and exits the body. All these show the author endorsing a general view of αἴσθησις as a more diffuse activity than our modern view of the five senses allows, implying as it does a one-way traffic from the object of perception to the receptive organ. The Greek word αἴσθησις comprises a wider range of meaning than our ‘perception’. To stretch the term, however, to include ‘communication’, so as to accommodate speech among the items in this list, seems a step too far.¹⁰⁷ Rather, we should revise the (modern) opposition between speech and voice emission as activities and the nature of the senses as a passive act of reception. The well-known ancient theories of ‘active’ sight, for example, describe a two-way movement between subject and object, with αἴσθησις as the phenomenon that occurs between the two.¹⁰⁸ If we do this, it becomes apparent that in the passage from *Vict.* 1.23 above (140.17–23 Joly-Byl = 6.494.22–496.4 L.), an act of voice emission (and subsequent speech articulation) involves various parts – a cognitive aspect (wording), the sphere of perception (the various senses) and a bodily fluid (πνεῦμα) – and as such is in line with the possibility of a therapeutic value of the act of speech recognised (if only occasionally) elsewhere in our texts.

On this basis, we can better understand the contingency of senses and voice sometimes found in cases in the *Epidemics* and elsewhere.¹⁰⁹ At

¹⁰⁷ An example of circular lexicography by Liddel–Scott–Jones: the only other passage supporting the meaning ‘communication’ is *Ar. Rh.* 1386a32. Compare *Carn.* 15–18 (197.17–200.24 Joly = 8.602.19–608.21 L.), where speech is again discussed after hearing, sight and smell. We should therefore concentrate on voice as having an overlap with the sensory sphere rather than on the senses including communication.

¹⁰⁸ See p. 79 n. 16 above.

¹⁰⁹ The Stoic view mentioned above (n. 106) offers a precise parallel, as it places voice first among the seven parts of the soul which are assigned to various bodily parts, broadly corresponding to the senses: voice to the trachea; sight to the eyes; hearing to the ears; smell to the nostrils; taste to the tongue; touch to the entire flesh; seminal to the testicles (Galen, *PHP* 3.1.11, 170.10–15 De Lacy = *SVF* 2.885).

Epid. 7.1 (48.16–17 Jouanna = 5.366.2–3 L.), a patient is ‘speechless for a long time, perceiving nothing’ (ἄφωνος πολὺν χρόνον καὶ ἀναίσθητος ἔκειτο) – in association with mental disturbance, as we read later: μόγισ ἐντὸς ἑωυτοῦ ἐγένετο. At *Prorrh.* 1.32 (78.9–13 Polack = 5.518.3–8 L.), deafness can be παρακρουστικόν under certain circumstances, in which cases the patients will be ἀφώνους, αἰσθανομένους δέ, ‘speechless, *but* capable of perceiving’, a telling correction. Compare also *Probl.* 21.1 (Mayhew I.348.28–31 = 898b28–31), ‘Why, of the senses, is hearing most likely to be defective from birth? Is it because both hearing and voice may be thought to come from the same source? Now language, which is a kind of voice, seems to be easily destroyed and particularly difficult to perfect’ (διὰ τί τῶν αἰσθήσεων ἐκ γενετῆς μάλιστα τὴν ἀκοὴν πηροῦνται; ἢ ὅτι ἀπὸ τῆς αὐτῆς ἀρχῆς εἶναι δόξειεν ἂν ἢ τε ἀκοὴ καὶ ἡ φωνή; ῥᾶστα δὲ δοκεῖ διαφθεῖρεσθαι ἢ διὰλεκτος, οὔσα εἶδος φωνῆς, καὶ χαλεπώτατα ἐπιτελεῖσθαι). The association is taken to be self-evident.¹¹⁰

The concept of speech, even of pure voice detached from content as linked to areas of mental activity such as sense perception and cognition, has remained relatively underexplored by modern scholarship in comparison with active sight. This is not a medical novelty, however, but an established traditional idea, for which it is worth offering at least one distinguished example: Sappho fr. 31 Voigt, easily the most famous if not the archetype of all descriptions of the body of an individual suffering a mental disturbance in Western literature, in this case as the result of an erotic encounter. What follows is said to happen at the sight of an erotically charged scene:¹¹¹

¹¹⁰ In a different, neurological perspective Galen comments that ‘of those who lose voice in acute diseases some appear to be without sensation from the beginning of the illness ... while some others only become voiceless. ... if together with the voice there is also damage to all the other functions, then the illness is located at the beginning of the nerves’ (*Comm. Hipp. Prorrh.* I, I, 31, XVI 576 K. = Diels 45, 10–18). The ancients’ interest in pathologies of the voice and their association with the mental sphere (see Walshe 2016, 10 for some epic examples of head trauma and loss of voice; 101–2) will be very influential and have a long history in Western psychology and psychiatry: a clear parallel is found in the key role played by *aphasia* as a field of research in modern psychiatry since the end of the nineteenth century (see Guenther 2015, 42–5 for a survey; 175–80 and 181 on the common points in the investigation of the voice and of the sensory-motor functions).

¹¹¹ Di Benedetto (1985) on the ‘linguaggio erotico’ of this poem for an assessment of the medical elements (145–51); he recognises affinities with Hippocratic descriptions in the hearing disturbance, the impaired sight, the voicelessness, the sudden character of the affection (αὐτίκα), the trembling and sweating, the green complexion (on which, see also King, 2004, 37–40). See also Ferrari (2001) and (2007) 154–78 on the poem as a ‘pathographic’ representation of a ‘panic attack’, 159–67 with important methodological remarks. Compare and contrast Devereux’s psychoanalytic take on the same verses as ‘evidence of Sappho’s inversion’ (1970a).

... τό μ' ἦ μάν
 καρδίαν ἐν στήθεσιν ἐπτόαισεν·
 ὥς γάρ <ἔς> σ' ἴδω βρόχε' ὥς με φώνη-
 σ' οὐδεν ἔτ' εἴκει,
 ἀλλ' ἵκαμ' μὲν γλῶσσα ἔξαγεῖ, λέπτων
 δ' αὐτικά χρωῖ πῦρ ὑπαδεδρόμακεν,
 ὀππάτεσσι δ' οὐδεν ὄρημ', ἐπιβρό-
 μεισι δ' ἄκουαι,
 ἑκάδετ' μ' ἰδρῶς κακχέεται, τρόμος δὲ
 παῖσαν ἄγρει, χλωροτέρα δὲ ποίας
 ἔμμι, τεθνάκην δ' ὀλίγω 'πιδεύης
 φαίνομ' ἔμ' αὐτ[αι]

... my
 heart jumps in my breast.
 For at the mere sight of you
my voice falters,
my tongue is broken.
 Straightway, a delicate fire runs in
my limbs;
my eyes are blinded
and my ears thunder.
 Sweat pours out; a trembling
 hunts me down. I am
paler than grass and lack little
 of dying.

From a pathographic point of view, 'whole-body' elements of physiological disturbance frame the episode in a ring composition: the leap of the heart at the beginning, the feeling of death at the end.¹¹² Within these Sappho develops a more detailed description of the emotional outburst caused by the sight of the beloved (ὥς γάρ ἔς σ' ἴδω), which affects the body in the following order: paralysed voice; touch, perception of heat ('delicate fire'); sight ('my eyes are blinded'); and hearing ('my ears thunder'). In particular, the senses of touch and voice are close to one another, just as in the *Regimen* passage the two come in succession (στόμα διαλέκτου, σῶμα

¹¹² Perhaps the best assessment of the organic suffering represented in this poem is the praise offered by the anonymous author of *On the Sublime* 10.3, who speaks of it in terms of Sappho's poetic gift: 'Is it not wonderful how she summons at the same time soul, body, hearing, tongue, sight, skin, all as though they had wandered off apart from herself (τὴν ψυχὴν τὸ σῶμα, τὰς ἀκοὰς τὴν γλῶσσαν, τὰς ὀψεις τὴν χροάν, πᾶνθ' ὥς ἀλλότρια διοιχόμενα ἐπιζητεῖ)? She feels contradictory sensations, freezes, burns, raves, reasons so that she displays not a single emotion, but a whole congeries of emotions (ἅμα ψύχεται καίεται, ἀλογιστεῖ φρονεῖ ἵνα μὴ ἓν τι περὶ αὐτὴν πάθος φαίνεται, παθῶν δὲ σύνοδος).'

ψαύσιος θερμού ἢ ψυχροῦ). The prominence of the voice in the depiction of the insane patient (or emotionally unstable individual) and its conventions are therefore partially grounded in a broader, not specifically medical, tradition that takes the voice as an experience unfolding between subject and environment, not as a straightforward emission from a person and as such a pure vehicle of subjectivity. The poem by Sappho, older than the medical texts we are discussing by at least a century, apart from including the voice among the affected areas in a case of mental/emotional disturbance, already contains a full repertoire of the bodily elements that I am arguing for as a general bodily image of mental suffering.

The other medical source that explicitly suggests a mental importance of the voice is *On Humours*. *Hum.* 2 (160.3–8 Overwien = 5.478.6–13 L.) offers a list of matters to be observed (σκεπτέα). Here phenomena of the voice are again in a position that highlights their proximity to the mental sphere:¹¹³

Observe these things: symptoms that cease of themselves. What sort of things are harmful or beneficial and in what cases, positions, movement, rising/settling, subsidence, sleep, waking, and what things must be done or prevented, flatulence. Instructions about vomiting, evacuation below or sputum, coughing, mucus, belching, flatulence, urine, sneezing, tears, itches, pluckings, touchings, thirst, hunger, repletion, sleep, pain, absence of pain, body, mind, learning, memory, voice, silence.

σκεπτέα ταῦτα· τὰ αὐτόματα λήγοντα, ἐφ' οἷσιν οἷα βλάπτει ἢ ὠφελεῖ, σχήματα, κινήσεις, μετεωρισμός, παλινιδρύσεις, ὕπνος, ἐγερσις, ἃ τε ποιητέα ἢ κωλυτέα, φύσαι. παιδείσεις ἐμέτου, κάτω διεξόδου ἢ πτυάλου, βηχός, μύξις, ἐρεύξις, φουσέων, οὔρου, πταρμοῦ, δακρύου, κνησμών, τιλμῶν, ψαυσίων, δίψης, λιμοῦ, πλησμονῆς, ὕπνων, πόνων, ἀπονίης, σώματος, γνώμης, μαθήσιος, μνήμης, φωνῆς, σιγῆς.

This is a heterogeneous list, whose ratio appears problematic. But in any case, the inclusion of φωνῆς and σιγῆς at the end qualifies these items as a relevant sign for the health of the body as a whole, contiguous to the sphere of cognitive activities or faculties: γνώμης, μαθήσιος, μνήμης, φωνῆς, σιγῆς. The voice seemingly belongs to both worlds, the bodily and sensory, and also to mental life in a restricted, cognitive sense: ‘however many things purge the head, are disturbing; conversation and *the like*, voice’ (ὅσα κεφαλῆς ἀγωγὰ, ταρακτικά. λόγοι καὶ τὰ τοιαῦτα, φωνή, *Hum.* 10, 168.18–19 Overwien = 5.490.13–14 L.).

¹¹³ On the problems posed by such lists in *On Humours* and their origins, see Overwien's edition (2014) 103–10.

2.3.3.3 *Illness and the Voice: Terminology*

In the previous sections, I spoke generically about ‘voice’, ‘voice impairment’, ‘voice disturbance’, ‘speechlessness’, ‘silence’ and so forth, intentionally leaving aside terminological variations. Before going deeper into a discussion of voice disorder as a datum of mental health, I should briefly introduce the relevant vocabulary. The Hippocratic texts offer a range of insufficiently precise terms in this respect.

In Greek, terms for ‘the voice’ can be listed and interpreted as follows:¹¹⁴ ψόφος (a general inarticulate sound), φωνή (a sound emitted by any animal, but seen in terms of a voice that can be understood and interpreted), φθογγός (a specific sound, often of the human voice), αὐδή (a sound emitted by a human being only), λόγος (the human faculty of speaking and making oneself understood), διάλεκτος¹¹⁵ (the emission of sounds precisely articulated through the mouth and facial muscles). It should be readily apparent that these terms can overlap considerably and that they can have various ranges of meaning in different instances; this is particularly true in the Hippocratic texts, where the vocabulary recurs so frequently. Galen in his *Comm. Hipp. Epid. III* 78 (172.5–10 Wenkebach = XVIIa.757 K.) claims that φωνή (and its opposite ἀφωνία) should refer to the general emission of sound by humans and non-humans, produced voluntarily (κατὰ προαίρεσιν) but not necessarily articulated, while αὐδή (and ἀναυδή) properly refers to the specifically human voice, through which we speak and communicate.¹¹⁶ Even if one may generally concede that φωνή is the more general term, the others being sub-categories of it, in several instances φωνή and αὐδή appear in hendiadys, with no clear distinction between the two, to indicate an inability to emit sound and/or to produce articulate speech.¹¹⁷

¹¹⁴ Following the schematisation of Gourevitch (1983a) 297–8. See also Ciani (1987); López Férez (1998); Rodríguez Alfageme (2000); Wollock (1997), for a historical review of views on speech disorder, 1–186 for methodological points and an important discussion of theories of speech defect and disorder in Hippocratic, Aristotelian and Galenic sources.

¹¹⁵ The term appears only twice in the Hippocratic texts, at *Artic.* 30 (146.15 Kühlewein = 4.142.1 L.) and *Vict.* 1.23 (140.21 Joly-Byl = 6.496.2 L.).

¹¹⁶ ‘The ancients then apparently did not call all kinds of perceptible sounds αὐδή, nor only that form of perceptible sound emitted by living beings intentionally through the mouth (under which category are included crying and wheezing, wailing and coughing and all such things); but they called only the human φωνή, by which we entertain dialogue with one another, αὐδή (τὴν αὐδὴν οὐτε πᾶν τὸ τῆς ἀκοῆς ἴδιον αἰσθητὸν οἱ παλαιοὶ φαίνονται καλοῦντες οὐτ’ ἐκεῖνο τὸ εἶδος αὐτῆς μόνον, ὅσον ἐκπέμπεται κατὰ προαίρεσιν τοῦ ζώου διὰ τοῦ στόματος, ἐν ᾧ περιέχεται καὶ τὸ κλαίειν καὶ τὸ συρίττειν, οἰμώζειν τε καὶ βήττειν ὅσα τᾶλλα τοιαῦτα, μόνην δὲ τὴν ἀνθρώπου φωνήν, καθ’ ἣν διαλεγόμεθα πρὸς ἀλλήλους, αὐδὴν ὀνομάζουσιν).

¹¹⁷ Galen’s willingness to order Hippocratic terminology according to stricter guidelines than it really allows is also evident elsewhere; see Thumiger (2013a) on the similar case of παραφροσύνη. See Rodríguez Alfageme (2001) for a survey of the terminology of voice in Galen.

Galen elsewhere emphasises the importance of voluntariness in the semantics of these terms, but this finds no correspondence in Hippocratic usage.¹¹⁸

In the case of voice disturbance, the choice of terms is between the groups of ἀφωνίη (ἄφωνος), ἀναυδίη (ἀναυδος) and σιγή (σιγάω). Again, the first and second terms appear to be synonymous, even though they may be used in hendiadys, as at *Epid* 3.17, case 3 (235.20 Kühlewein = 3.114.9 L.: ἀναυδος, ἄφωνος), and even though the first is more common than the other. σιγή, ‘silence’, by contrast, is rarer and has a stronger mental, subjective connotation: the patient refuses to speak or communicate. ἀφωνίη and ἀναυδίη can also indicate more than mere ‘speechlessness’. ἀφωνίη in particular, seemingly the most general term, can cover a wide range between incapacity to articulate sound¹¹⁹ and refusal to speak. The same possibility must remain open in the case of ἀναυδίη.

2.3.3.4 *Illness and the Voice: Four Levels of Disturbance*

It thus seems best to abandon a lexical approach for a survey of types of voice disturbance, and not to rely for precision on terminological distinctions. There is more to be gained from an analysis of the different types of voice affection in our sources, which I group into four levels. Under the first (and most general) level fall contexts that are equally physiological and mental, while in the following categories voice disturbances become more and more specifically mental.¹²⁰

- I. Lack of sound emission (speechlessness, silence or mutism). The key terms here, as noted, are ἀφωνίη, ἀναυδίη, σιγή and cognates. This is the most severe sign as far as the voice is concerned, often qualified as ‘sudden’ or appearing ‘suddenly’, ἐξαίφνης, ἐξαπίνης, παραχρῆμα;

¹¹⁸ *Comm. Hipp. Epid. I*, 1 (107.17–23 Wenkebach = XVIIa.213 K.), ‘just as words tell us about the disposition of the ill, so also silence when it is according to or against the nature of the patient. It can in fact be according to nature for someone who is quiet by nature, but against nature for the opposite type. For the latter, in fact, silence can be sign of a lethargic oppression, due to which he is silent against his nature, or the beginning of *melancholia*, while for the quiet person the fact of not keeping silent but talking more than usual expresses insanity’ (ὥσπερ δ’ <οἱ λόγοι> διδάσκουσι τι περὶ τῆς διαθέσεως τοῦ νοσοῦντος, οὕτω καὶ ἡ <σιγή> παρὰ φύσιν ἢ κατὰ φύσιν οὔσα τῷ κάμνοντι. τῷ μὲν γὰρ φύσει σιωπηλῷ κατὰ φύσιν ἐστὶ, τῷ δ’ ἐναντίῳ παρὰ φύσιν. ὥστε τοῦτῳ μὲν ἦτοι νωθρότης τίς ἐστι καταφορική, δι’ ἣν σιωπᾷ παρὰ φύσιν, ἢ μελαγχολίας ἀρχή, τῷ δὲ σιωπηλῷ τὸ μὴ σιωπᾶν, ἀλλὰ πλείω φθέγγεσθαι τῶν εἰωθότων παρακρουστικόν).

¹¹⁹ In some cases the literal meaning ‘lack of speech’ seems more straightforward, as at *Morb.* 3.13 (80.21–3 Potter = 7.132.25–134.2 L.), where we are told that during an attack the ill may become ἄφωνοι and then die on the third day τῆς φωνῆς λυθείσης; here ἀφωνίη equals simple loss of φωνή.

¹²⁰ Other ways of organising the material were based on aetiology, as with Gourevitch, who divides her analysis according to ‘somatic diseases that can have expressions that may appear psychiatric’, ‘infective diseases like fever’, ‘damage to the central nervous system’ that affects the brain;

it is characteristically an unexpected and abrupt sign, and therefore critical and worrying. It is frequent in clusters of mental terms and as a marker of crises (in association with both death and resolution) in simple organic diseases. σιγή is used less often and in cases more open to a mental interpretation: in *Epid.* 3.1, case 6 (220.6–221.2 Kühlewein = 3.50.1–52.10 L.), a woman's illness is characterised by several mental signs (e.g. παρέκρουσε). Towards the end, the patient 'fell silent, and would not talk back' (σιγῶσα, οὐδὲν διελέγετο), and this was followed by a form of depressive suffering: δυσθυμία, ἀνελπίστως ἐωυτῆς εἶχει, 'despondency, the patient was hopeless about herself'. At *Epid.* 3.17, case 14 (243.13–25 Kühlewein = 3.140.14–142.4 L.), another female patient, a woman in Cyzicus, displays mental signs after a problematic birth (παρέλεγε ... ἐξέμνη). She is said to be silent, sad and refractory (σιγῶσα δὲ καὶ σκυθρωπή καὶ οὐ πειθομένη), which again suggests a subjective datum, the desire not to talk.¹²¹

Such uses of σιγή/σιγάω have mental implications in so far as they indicate a degree of voluntariness, self-control or at least consciousness. These factors are not necessarily absent from ἀφωνίη/ἀναυδίη, although the latter remain in a more inclusive category. It is accordingly specified that the seriousness and fatality of lack of speech appear to be greater when it is voluntary; silent ecstasis in patients who are not ἄφωνοι is fatal (αἱ ἐν πυρετοῖσιν ἐκστάσεις σιγῶσαι μὴ ἀφώνω, ὀλέθρια, *Coac.* 65, 120.1–2 Potter = 5.598.9–10 L.).

2. Complete lack of articulation, albeit with emission of sound: crying out and shouting. These are obviously mental facts, reflecting aggressiveness

'*tetanus* and *opisthotonus*' (excerpting from Gourevitch 1983a, 300–1; my translation), or on a mixture of description, aetiology and diagnosis, as with Ciani (1987), who recognises in our texts (paraphrasing and excerpting from 147–59) a group of (1) 'defects in phonation' ((a) 'the incidental defect': alteration of the voice or defects in articulation; (b) 'the congenital defect', stammering); (2) 'absence of voice' ((a) 'connected with cerebral disturbances'; (b) 'arising during the course of an illness'; (c) 'acute attack of aphonia'; (3) 'pre-agonic aphonia' (before death); (4) 'hysterical aphonia'; (5) 'silence' ((a) 'as a generic symptom'; (b) 'the silence of depression at the approach of death').

¹²¹ For further examples, see *Epid.* 3.17, case 15 (243.26–244.16 Kühlewein = 3.142.5–146.6 L.), a patient at intervals σιγῶσα and ἄφωνος, but on the whole σιγῶσα διὰ τέλος; *Epid.* 7.89 (103.11–12 Jouanna = 5.446.11 L.), ῥιπασμός μετὰ σιγῆς, agitation with silence; *Coac.* 472 (220.26–8 Potter = 5.690.6–8 L.), 'low mood and avoidance of company μετὰ σιγῆς'; *Coac.* 476 (222.8 Potter = 5.690.12–16 L.), αἱ σιγῶσαι ἐκστάσεις; at *Epid.* 3.17, case 16 (245.2–3 Kühlewein = 3.146.15–148.1 L.), σιγάω qualifies a mode of insanity, παρακρούειν: 'he was deranged without trembling, and was both orderly and silent' (παρέκρουσεν ἄτρεμέως, ἦν δὲ κόσμιός τε καὶ σιγῶν); *Epid.* 7.56 (85.14–15 Jouanna = 5.422.18–19 L.), ἡ κατάπληξις ὁμμάτων ἢ ἀφωνίη καὶ σπάνιον τι φθέγγεται, where ἀφωνίη seems to indicate a lack of voluntary speech.

and altered mood, and often appear in association with mental suffering and behavioural problems, if also perhaps in connection with organic diseases.¹²² At *Coac.* 355 (186.26–7 Potter = 5.658.23–660.3 L.), in cases of *tetanus* and *opisthotonus*, some pathologies of the voice seem to gain mental relevance, ‘after losing one’s speech at the beginning, to shout or talk nonsense’ (ἐξ ἀρχῆς ἄφωνον ἔδοντα βοᾶν ἢ φλυηρεῖν¹²³) and indicate the imminence of death. The account of *opisthotonus* at *Morb.* 3.13 (80.19–22 Potter = 7.132.23–134.1 L.) more clearly displays mental suffering alongside shouting: ‘at times he shouts and talks nonsense ... at times they become speechless ... or somehow μανικοί or μελαγχολικοί’ (βοᾶ καὶ φλυηρεῖ ἐνίοτε ... ἐνίοτε δὲ καὶ ἄφωνοι γίνονται ... ἢ μανικοί τι ἢ μελαγχολοκοί). At *Mul.* 2.177 (8.360.2–5 L.), when air is formed in the uterus, agitation and ἀναυδίη follow, along with shouting (βοᾶ), suffocation and mental distress. Finally, various *Epidemics* cases are relevant, e.g. *Epid.* 5.85 (39.5–6 Jouanna = 5.252.8 L.), a woman affected by headache and spasms accompanied by delirium: ἔκτοσθεν ἐγένετο, βοή and κλαυθμοὶ πολλοί. The same manifestations (βοή, κλαυθμοὶ πολλοί) are found at *Epid.* 7.11 (59.20–3 Jouanna = 5.384.5–7 L.) along with headache and being ‘out of oneself’. This is the case of the wife of Hermoptolemus, who along with a variety of mental signs displays ‘childish weeping and shouting’ (κλαυθμοὶ οἷον παιδαρίου καὶ βοή), and then ‘sudden and intense shouting’ (βοῶσαν ἐξαίφνης καὶ συντόνως). At *Epid.* 7.90 (103.20–104.1 Jouanna = 5.446.19 L.) another female patient, Conos’ servant, has pain in her head and delirium; ‘she is out of herself’, with ‘shouting and much crying out’: ἐκτὸς ἑωυτῆς and καὶ βοή καὶ κλαυθμὸς πολὺς.¹²⁴

The repeated occurrence of this sign seems to suggest that shouting and making loud noises in general should be a typical, common factor in patients, which is somehow counterintuitive for us. We expect the suffering of ancient patients to be much more acute than it is in contemporary first-world societies; we might also propose that the attention the physician

¹²² Di Benedetto (1986) 37–8 had already noticed the psychopathological relevance of screaming and shouting. Note that the majority of cases are female patients (and a child).

¹²³ This term, ‘to talk nonsense’, along with ληρεῖν and its cognates, belongs to the cognitive sphere and is discussed in Chapter 5, pp. 416–17.

¹²⁴ At *Int.Aff.* 29 (174.13 Potter = 7.244.1 L.), a disease of the liver with explicit mental relevance even causes the patient to bark (ὕλάκτει ὡς κύων); see also *Epid.* 3.17, case 13 (242.23–4 Kühlewein = 3.138.13 L.), βοή, ταραχή, λόγοι πολλοί in the description of Apollonius, also a case with clear mental details; *Epid.* 6.4.4 (84.9–10 Manetti–Roselli = 5.308.5–6 L.), Agasis’ wife, a case of postpartum illness, has *asthma* and pain on one side of her body: ‘during her activities shouting, angry temper/aggressiveness’ (ἐν δὲ τοῖσι ποιούμενοισι βοῆς, ὀξύθυμης).

paid to this sign typifies a model of mental derangement in which voice heard and volume is an important indicator. Thus in the epileptic attack described at *Morb. Sacr.* 15 (27.7–8 Jouanna = 6.388.13–14 L.), the quality of the emission of sound allows two kinds of patients to be told apart: not shouting and enjoying a state of calm defines the *μαινόμενοι* through phlegm (ὑπὸ φλέγματος μαίνομενοι ἡσυχοὶ τὲ εἰσι καὶ οὐ βοηταὶ οὐδὲ θορυβώδεις), as opposed to those who are *μαινόμενοι* through bile (ὑπὸ χολῆς); already at *Morb. Sacr.* 14 (25.12–15 Jouanna = 6.386.15–17 L.) ‘weeping cries’ (κλαυθμοί) are explicitly included among the facts that come from the *encephalos*, the brain, with a variety of additional emotional and cognitive facts:¹²⁵ ‘joy and laughter and jests, and pains and sorrows, griefs and weeping’ (αἱ εὐφροσύναι καὶ γέλωτες καὶ παιδιαὶ ἢ ἐντεῦθεν, καὶ λῦπαι καὶ ἀνία καὶ δυσφροσύναι καὶ κλαυθμοί). κλαυθμοί can be taken here as metonymic (Jones’s translation ‘tears’ is certainly misleading, since κλαυθμός, κλαίω refer to the auditory element of wailing) or can be seen instead as a concrete sign of mental pathology, ‘cries’ or ‘wails’ of distress originating in the brain.

3. Lack of clarity and fluency and problems controlling the movement of the tongue, albeit within emission of articulate speech. The author of the later deontological text *Praec.* 10 (34.28–35.2 Heiberg = 9.270.8–10 L.) explores the link between unclear speech and the cognitive sphere. ‘Unclear tongue/speech’ (ἄσαφίης γλώσσης) can be traced to various causes: an affection (διὰ πάθος); the ears/hearing (διὰ τὰ ὠτα); or the ‘speaker talking of something fresh before he has uttered what was in his mind before’ (πρὶν τε πρότερα ἐξαγγεῖλαι, ἕτερα ἐπιλαλεῖν, ἢ πρὶν τὸ διανενοημένον εἰπεῖν, ἕτερα ἐπιδιανοεῖσθαι). This clear presentation, although offered by a later text,¹²⁶ reflects an idea already found in the earlier sources and more than once at that: that the voice carries out the thoughts processed by the mind. These thoughts might be clogged up in a very concrete and ‘material’ way, causing a condensed and unclear delivery. Thus, in this passage there is a connection between the voice and the emotions; the senses (ears/hearing) and the communication taken in; and finally a cognitive process, the formulation and expression of thoughts, which is represented in a very materialistic way, as a traffic

¹²⁵ See also *Morb. Sacr.* 18 (31.16–33.4 Jouanna = 6.394.9–396.9 L.) with more descriptions of night-time shouting, and 13 (23.6–25.11 Jouanna = 6.384.4–386.14 L.); *Morb.* 2.21 (155.13 Jouanna = 7.36.3 L.), στενάζει; *Epid.* 5.85 (39.6 Jouanna = 5.252.8 L.), κλαυθμοί; *Epid.* 6.4.4 (84.10 Manetti–Roselli = 5.308.5 L.), βοή; *Epid.* 7.90 (103.20–104.1 Jouanna = 5.446.19 L.), κλαυθμός and at the end speech impairment (ἄφωνος).

¹²⁶ For the dating of this and other deontological texts, see Appendix, pp. 423–4.

of contents that needs to be kept fluent and constant and not be disrupted.¹²⁷ This ‘hydraulic’ conception of speech formation and delivery is not only found in the post-Hellenistic *Praeceptiones*, but has an even clearer formulation in *Probl.* 11.38 (Mayhew I.382.19–26 = 903b19–26), where the phenomenon of ‘clogging’ and the stammering that follows are associated with *melancholia*: ‘Why are stammerers melancholics (διὰ τί οἱ ἰσχνόφωνοι μελαγχολικοί¹²⁸)? Is it because being melancholic is following the imagination quickly, and stammerers are the sort to do this (ἢ ὅτι τὸ τῇ φαντασίᾳ ἀκολουθεῖν ταχέως τὸ μελαγχολικὸν εἶναι ἐστίν, οἱ δὲ ἰσχνόφωνοι τοιοῦτοι)? For in them the impulse to speak precedes the capacity to do so, as the soul very quickly follows the appearance (ὡς θάπτον ἀκολουθοῦσης τῆς ψυχῆς τῷ φανέντι). The same is true of those who lisp (οἱ τραυλοί); for in such people these parts are too slow. There is a sign of this: for those who are drunk become such [such as to lisp], when they follow the appearances most of all and not their intelligence (οἰνωμένοι γὰρ τοιοῦτοι γίνονται, ὅτε μάλιστα τοῖς φαινόμενοις ἀκολουθοῦσι, καὶ οὐ τῷ νῷ).’¹²⁹ A melancholic quality appears at *Epid.* 2.6.1 (76.1–4 Smith = 5.132.16–17 L.), another physiognomic passage, which asserts that ‘stammerers, rapid talkers, are severely melancholic. People who never blink are quick to anger’ (οἱ τραυλοί, ταχύγλωσσοι, μελαγχολικοὶ κατακορεῖς. ἀσκαρδαμύκται, δξύθυμοι). The preceding physiognomic passage, at the beginning of *Epid.* 2.5, suggests a relationship between talk and the mental sphere on a different level: ‘those who lisp, who are bald, weak-voiced or shaggy, have serious melancholic affections’ (νοσήματα δὲ ἔχουσι τραυλὸς ἢ φαλακρὸς ἢ ἰσχνόφωνος ἢ δασὺς ἰσχυρῶς μελαγχολικά, *Epid.* 2.5.1, 70.4–6 Smith = 5.128.8–9 L.). *Melancholia* and this specific impairment seem to have an important connection;

¹²⁷ Compare *Prorrh.* 1.168 (99.7–9 Polack = 5.572.3–4 L.), ‘coma, deafness and sluggishness of speech following closely upon a headache, produce swellings beside the ears’ (ἐκ κεφαλαλγίης κῶμα καὶ κῶφωσις καὶ φωνῆς μωρώσις παρακολουθοῦντα πα” οὗς τι ἐξερεύεσθαι).

¹²⁸ *Problemata* precisely distinguishes types of speech impairment (*Probl.* 11.30, Mayhew I.374–76.16–29 = 902b16–29): ἰσχυρόφωνοι are those who cannot properly join one syllable to the next; τραυλοί are unable to articulate a certain letter; ψελλοί leave out a letter or syllable. See Wollock (1997) 49–63. It is difficult to individuate such distinctions in the Hippocratic material. ἰσχυρόφωνοι is a problematic term, usually translated ‘thin/weak-voiced’ in our texts (e.g. *Epid.* 2.5.1, 70.4 Smith = 5.128.5–9 L.). See Wollock (1997) 153–67 on the problem of ‘thin voice’ or ‘checked voice’ with reference to this term and the possibility of a confusion with ἰσχύφονος (without ν), meaning ‘weak-voiced, thin-voiced’ (260–305). Rose (2003) 52–6 comments on Hippocratic sources on speech disorder, and on the topic more generally, 50–65.

¹²⁹ νῷ is Ruelle’s correction (λόγω D, οἰνώ other manuscripts). See also *Probl.* 11.54, 55, Mayhew I, 392.16–23 = 905a16–23), to the same effect.

see also *Aph.* 7.40 (466.10–467.1 Magd. = 4.588.8–9 L.), ‘if the tongue is suddenly paralysed, or part of the body suffers a stroke, such an affection is melancholic’ (ἤν ἡ γλῶσσα ἐξαίφνης ἀκρατῆς γένηται, ἢ ἀπόπληκτόν τι τοῦ σώματος, μελαγχολικόν τὸ τοιοῦτον).¹³⁰

In four cases, clarity of speech seems to be at the centre. At *Epid.* 7.22 (65.7–9 Jouanna = 5.392.13–14 L.), we find a very short case where unclear speech is central: ‘the wife of Prodrōmus, in summer, was mildly lisping, had burning fever. Tongue dry, unintelligible. Much excrement from the bowels. She survived’ (ὁ δὲ Προδρόμου θέρους ὑπότραυλος, καυσώδης· γλῶσσα ὑπόξηρος, ἀσαφής· κάτω πολλή ἄφοδος· περιεγένετο). Her affection begins with the voice, and even if we read that there was a fever, the speech impairment obviously has paramount importance; the stammering seems to be her key ailment.

The patient at *Epid.* 7.43 (77.26–78.5 Jouanna = 5.410.9–13 L.) has acute fever and shivering, with παραλήρησις in the night. As the disease progresses, his mouth and tongue become dry and parched, and the physician focuses on them in detail:

His mouth in particular was parched, and there was no drink he could take with pleasure because of the great discomfort of his mouth. His tongue was dry, inarticulate. A yellow-white hardness bloomed on it. He was insomniac, nauseous, uncoordinated, helpless. His tongue, from dryness, sometimes lisped until he wetted it.

μάλιστα δὲ τὸ στόμα ἀπεξηραίνετο· καὶ πόμα οὐδὲν ἡδέως προσεδέχετο, ἀηδὴς πολλῆς ἐούσης περὶ τὸ στόμα· γλῶσσα ξηρή, ἄκροτις· τρηχύτης ἐπήνθει ὠχρόλευκος· ἄγρυπνος, ἀσώδης, ἐκλελυμένος, κεκλασμένος· γλῶσσα ὑπὸ ξηρότητος ἐνίστε ὑπότραυλος ἕως διαβρέξειε.

Epid. 7.46 (80.11–18 Jouanna = 5.414.10–16 L.) presents another child, Anechetus’ son, who is ‘beside himself’ (οὐ παρὰ ἑωυτῷ ἦν) and has epileptic manifestations (σπασμῶδης ... ἀφρός ... ἄκροτις; ... ἐπιλεπτικοῖσι σπασμοῖς). The child is observed closely over a period of five days, during which seizures alternate with cognitive and speech impairment.¹³¹ Between seizures, the child is weak and unable to articulate speech, ‘he gave a sign with his tongue; fell; was unable to speak, but became hung up on the beginnings of words’ (ἐπεσήμανεν αὐτῇ τῇ γλώσσῃ· ἔπταιεν· οὐχ οἶος τε ἦν λέγειν, ἀλλ’ ἴσχετο ἐν τῇσιν ἀρχῇσι τῶν ὀνομάτων).

¹³⁰ On stammering and melancholy in the classical and medieval tradition, Wollock (1997) 260–305; Laes (2013).

¹³¹ ἄκροτις, inability to articulate, is mentioned at *Epid.* 7.43 (78.2 Jouanna = 5.410.11 L.), *Epid.* 7.46 (80.16 Jouanna = 5.414.14 L.) and *Epid.* 7.84 (100.14 Jouanna = 5.442.23 L.).

Stammering and imperfect speech, then, are connected to the state of the patient in more than one way, with the mental implicated as much as the physiological sphere: diarrhoea, for the τραυλοί at *Aph.* 6.32 (454.6 Magd. = 4.570.10 L.);¹³² amenorrhoea at *Mul.* 1.2 (8.18.5–8 L.), where ‘her tongue is impeded and lacks clarity (τὴν γλῶσσαν αὐτῆς χαλινούται, καὶ ἄσαφῇ ταύτην ἔχει); faintness; sometimes *aphonia* ... she is anxious and tosses about’.¹³³

Finally, there is the quality of the voice within articulate speech (or independent of the articulation).¹³⁴ The medical authors notice the κλαγγή,¹³⁵ the metallic voice that sometimes accompanies mental disorder,¹³⁶ but also other, more elusive qualities: ‘bad’ (πονηρός); ‘unclear’ (ἄσαφής); ‘roughed, harsh’ (τραχύς); ‘soft’ (μαλθακός); ‘damaged’ (κακούμενος); ‘strangled, suffocated’ (κατίλλων);¹³⁷ ‘dense, clogged, fast’ (πυκνός); ‘faltering’

¹³² On this aphorism and on ‘moisture and the tongue’, see Wollock (1997) 189–202.

¹³³ See also *Mul.* 2.110 (8.234.11 L.): the patients become ἄναυδοι, are seized by excruciating pains resembling labour and sometimes suffocation, and later on: τὸ στόμα ξηρόν ... γλῶσσοι τρηχέη, ‘dry mouth ... rough tongue’ (8.234.17–18 L.) followed by spasms of a tetanic kind. Imprecise speech can be the result of a dry or blocked tongue (due to fever, for example, or *opisthotonus*), or may simply accompany cognitive impairment or mental distress or be part of an acute phase of the illness. In *Probl.* 3.31 (Mayhew I.133.30–4 = 875b29–33), moreover, a stumbling tongue in drunkenness is caused by the confused state of the ψυχή: ‘so when the soul is in this condition, it is reasonable that the tongue be also in the same condition; for the source of speech is the soul. And this is why, apart from drunkenness, when the soul is affected in some way, the tongue is also affected by it, for example when people are frightened [i.e. they stutter or cannot speak out of fear]’ (τῆς ψυχῆς οὖν τοῦτο [drunkenness] πασχούσης εἰκὸς καὶ τὴν γλῶτταν ταῦτο πάσχειν ἀπ’ ἐκείνης γὰρ ἢ τοῦ λέγειν ἀρχή, διὸ καὶ χωρὶς τῆς μέθης, ὅταν ἡ ψυχὴ πάθῃ τι, συμπίσχει καὶ ἡ γλῶττα, οἷον τῶν φοβουμένων).

¹³⁴ Fögen’s discussion of the voice in the prescriptions for the Roman orator in terms of mood, content and delivery (Fögen 2009b, 24–8) give an idea of the subtlety of the ancients’ attention to aspects of the voice. This material must reflect established ideas in Greek oratory and Greek culture overall (we unfortunately lack corresponding Greek sources on oratorical technique, although Aristotle at *Rh.* 33.1 points out, *vis-à-vis* the importance of the style of presenting, that ‘it is essentially a matter of the right management of the voice to express the various emotions – of speaking loudly, softly, or between the two; of high, low or intermediate pitch; of the various rhythms that suit various subjects’). See also the Aristotelian *On Things Heard* (800a–4b) for an account of the qualitative aspects of the human voice (as well as stammering) based on purely physiological, material mechanisms.

¹³⁵ For a mental and ethical evaluation of the sharp, shrill voice, a Homeric precedent sheds light on the frequency of this detail: the full-body presentation of Thersites, the epic epitome of ugliness, bodily deformity and moral baseness (αἴσχιστος δὲ ἀνὴρ ὑπὸ Ἰλῖον ἦλθεν, *Il.* 2.216). Thersites speaks ‘with a shrill/squeaky voice’ (ὄξέα κεκληγώς, 222).

¹³⁶ Galen explains this sign via dryness of the organs of phonation, and associates it especially with phrenitics at *Comm. Hipp. Prorrh.* I, 1.17 (34.17–20 Diels = XVI.553 K.): ‘when this sign occurs in phrenitic patients, they are delirious in a manic way (μανιωδῶς παραπαίουσιν), by which he means to indicate a most intense degree’ (my translation); cf. also 1.19 (35–6 Diels = XVI.555 K.).

¹³⁷ *Epid.* 3.5 (226.23 Kühlewein = 3.76.7 L.). A difficult term (see Jones *ad loc.*, 244). Kühlewein interprets κατίλλουσαι as deriving from κατεῖλω, ‘confine in a narrow space’, thus ‘suffocated, strangled’. Cf. Galen, *Comm. Hipp. Epid.* III, 33 (126.10–127.5 Wenkebach = XVIIa.678–9 K.), who spells the word κατεῖλλουσαι: ‘for I considered interpolated also what he wrote above, in the eleventh case,

(ψελλός); ‘thin, stammering’ (ισχνοφώνος); and also ‘heavy, deep’ (βαρύς), ‘hoarse’ (βραγχώδης), ‘shaggy, hoarse’ (δασύς) and the qualities of ‘clearness’ (λαμπρότης) and ‘roughness’ (τρηκυτήτης); in *The Art* 12 (240.1–6 Jouanna = 6.24.2–3 L.) ‘medicine ... has discovered other useful means [than sight to inspect the cavities]: clearness and roughness of the voice, rapidity or slowness of respiration’ (ιητρική ... ὁμως ἄλλας εὐπορίας συνεργούς εὔρε· φωνῆς τε γὰρ λαμπρότητι καὶ τρηχύτητι καὶ πνεύματος ταχυτήτι καὶ βραδυτήτι).¹³⁸

At the beginning of *Epid.* 2, among miscellaneous observations about signs and diseases, the importance of the variation (from individual to individual, and from healthy to pathological status) in the quality of voice is stated clearly (*Epid.* 2.1.8, 24.22–26.4 Smith = 5.80.1–6 L.): ‘there are people who have naturally rough voices (τὰς φωνὰς ... τρηχέας) and whose tongues are somewhat rough (αἱ γλῶσσαι ὑποτρηχεῖς), and there is roughness (τραχύτητες) from disease just so. Voices rough by nature are so inclined even without disease. Those with soft voices (αἱ μαλακαὶ) are slower to show problems; the original nature is the effective thing (ἡ χρηστὸν ἀρχαίη φύσις).’ The possibility that the voice might be ‘bad’ emerges in specific cases as well: at *Epid.* 3.3 (225.1–2 Kühlewein = 3.70.5–6

in which he expresses himself thus: “he blinked/had a squint in the right eye”. For [Hippocrates the son of Heraclides] ... appears to be using terminology in common use and clear for the things it is the orators’ habit to call “political”. ἰλαίνειν is no such term, and κατεῖλλειν or κατεῖλλουσαι even less so, especially with reference to the voice rather than the eyelids, and even more if we consider the nature of the register he is using, which is professional rather than poetic. For it would be better, if he wanted to make use of such an expression with reference to the voice, to choose the form <κατεῖλλόμεναι> rather than <κατεῖλλουσαι>, and much better “κατιλλαινόμεναι” ... It is unthinkable that the term κατεῖλλουσαι should refer to voices, as some interpreters want us to take it ...’

¹³⁸ On these, see also Ciani (1987) 149–51. *Epid.* 1.19 (195.15–19 Kühlewein = 2.656.2–5 L.) offers an interesting list of individuals prone to die of certain diseases (πλήθος μὲν οὖν τῶν νοσημάτων ἐγένετο). The most vulnerable categories are divided by age (μειράκια, νέοι, ἀκμάζοντες), facial appearance (λεῖοι, hairless, ὑπολευκοχρῶτες, ἰθύτριχες, μελανότριχες, μελανόφθαλμοι), lifestyle (οἱ εἰκῇ καὶ ἐπὶ τὸ ῥάθυμον βεβιωκότες), quality of voice (ισχνόφωνοι, τρηχύφωνοι, with harsh voice, τραυλοὶ, lisping) and character, ὀργίλοι (prone to anger). Compare also *Probl.* 11.3 (Mayhew I.350.9 = 899a9), where associations between quality of voice and physiological or mental factors are listed: those hot by nature (οἱ θερμοὶ τὴν φύσιν) have ‘big voices’ (μεγαλόφωνοι; cf. *Epid.* 6.4.19, 96.1 Manetti–Roselli = 5.312.5 L., where the connection between heat and the voice is also posed, <ἐν> οἷσι πλεῖστον τὸ θερμόν, μεγαλοφωνότατοι); those who are sleepless have a rougher voice (τραχύτερα φωνή, 11.11, Mayhew I.356.10 = 900a10); a person has a cracking voice after consuming food (11.12, Mayhew I.358.17 = 900a17); the voice is ὀξύ in those who weep, βαρύ in those who laugh (11.13, Mayhew I.358.20 = 900a20), also higher (ὀξύτερον) in children and the young (11.14, Mayhew I.358.33–4 = 900a33–4), lower (βαρύτερον) after drinking and vomiting and in cold weather (11.18, Mayhew I.364.39 = 900b39–901a1), and depending on other activities, such as exercise (11.21, Mayhew I.366.30–1 = 901a30–1); a tremulous voice (ἡ φωνὴ τρέμει) is found in those who are anxious or frightened (11.31, Mayhew I.376.30–1 = 902b30–1), high sounds (ὀξύ) in those incapable of generation (women, children and eunuchs, to be precise, 11.34, Mayhew I.380.27–9 = 903a27–9); drunkenness and brokenness of voice (ἀπορρήγνυται ἡ φωνή) are also connected (11.46, Mayhew I.388.1–3 = 904b1–3).

L.), in early spring a constitution registers cases of *erysipelas* and pain in the throat. 'Bad/impaired voices, fever, phrenitic cases' follow (φωναὶ κακούμεναι, καῦσοι, φρενιτικοί); the 'bad voice' is a pathology in itself, like fever and *phrenitis*. The fifth constitution presents a frequent sign of 'voices impaired and muffled' (φωναὶ ... κακούμεναι καὶ κατίλλουσαι), with consumptions and also *phrenitis*. At *Coac.* 39 (114.22 Potter = 5.594.11–14 L.), a negative outcome is associated with 'a voice that sounds as if it originated from a chill' (ὡς ἐκ ῥίγους). At *Coac.* 253 (164.1–2 Potter = 5.638.12–13 L.), φωνή τρομωδής, 'a trembling voice', is generally a fatal sign. At *Dieb. Judic.* 2 (2.10–13 Preiser = 9.298.17–18 L.), in cases of ardent fevers, a voice that grows 'weaker and thinner' (ἀσθενεστέρα καὶ λειοτέρα) announces recovery on the next day. *Epid.* 7.35 (73.1–74.4 Jouanna = 5.402.16–404.13 L.) describes the cases of four children who suffered concussion to the head – the child of Philia, the child of Phantias, the child of Euergus and the child of Theodorus – and of three more patients suffering from injuries to the bone. The first four are all severe cases and deadly; as the illness worsens, the voice of the patients becomes 'shrill, strident' (κλαγγώδης) – and so too that of the slave of Exarmodus, later in the passage. They suffer from the wound and the consequences of operations, with suppuration and fever; the voice signals a downward turn in the course of the disease.

In all these instances, the context remains fundamentally physiological, but without direct association to the mechanics of phonation. Let us now look at these qualities in explicit contexts of mental disturbance. At *Epid.* 6.7.6 (156.1–2 Manetti–Roselli = 5.340.8–9 L.), the quality of the voice gains an ethical meaning: 'from the beginning a sign of ὀργή, rage/an angry temper and similar things: the quality of the voice of people in passion, whether it is that way by nature, when it is not angry' – together with the eyes, especially when they do not match the usual nature of the subject (σημεῖον ὀργῆς καὶ τῶν τοιούτων· φωνὴ οἷα γίνεται ὀργιζομένοισιν ἢν τοιαύτη ἢ μὴ ὀργιζομένῳ φύσει). 'Muffled' (δασύς) also points towards imprecision of the voice, perhaps hoarseness; the adjective is associated with a melancholic quality, as we have seen, and with *phrenitis* at *Prorrh.* 1.3 (75.7–8 Polack = 5.510.6–7 L.): 'a muffled tongue which is very dry signals *phrenitis*' (αἱ δασεῖαι¹³⁹ γλῶσσαι κατάξηροι φρενιτικάι).¹⁴⁰

¹³⁹ Galen comments at length on this term (*Comm. Hipp. Prorrh. I*, 12.8–13.24 Diels = XVI.508–9 K.), to which he says he prefers τραχεῖα to indicate hoarseness and lisping. The extensive discussion in the commentary shows that the term must have been widely understood in association with a specific kind of pathological voice that might be linked to *phrenitis*, recognising even a category of *dasustomoi* patients ('with a muffled mouth').

¹⁴⁰ At *Epid.* 7.17 (63.11–16 Jouanna), in association with mental impairment (οὐκ ἔμψρων), we find γλῶσσαι and φωνή both πονηρή and ἀσαφής/κατὰ φωνὴν ἐν τῇ βέμβη: imprecision and wandering

Phrenitis returns at *Epid.* 7.79 (95.11 Jouanna = 5.436.1 L.): among the signs we find 'a howling voice, but clear' (φωνή κεκλασμένη, σαφής δέ; likewise at *Epid.* 7.80, 95.19–20 Jouanna = 5.436.7–8 L.). At *Prorrh.* 1.17 (77.1–2 Polack = 5.514.10–11 L.), the case of the daughter of Hermozygus exemplifies the connection between a woolly covering of the eyes, a shrill voice (φωνή κλαγγώδης) and μανία.¹⁴¹ At *Coac.* 98 (126.5–7 Potter = 5.604.3–6 L.), a 'strident' voice, derangement and spasms are associated (αἱ παρακρούσεις, φωνὴ κλαγγώδεις, γλώσση σπασμώδεις, καὶ αὐτοὶ τρομώδεις γινόμενοι, ἐξίστανται). At *Coac.* 157 (140.17–20 Potter = 5.618.4–7 L.), slowness of speech (φωνῆς βραδυτής) accompanies sensory impairment as possibly prodromic to *apoplexy*, *epilepsis* and forgetfulness. *Coac.* 252 (162.24–6 Potter = 5.638.10–12 L.) offers a remark on voice quality and crying–shouting in the expression ὀξυφωνὴ κλαυθμώδης, 'high-pitched/broken sobbing', accompanied by dimness of the eyes and indicating convulsions.

In these four levels of voice disturbance, two classes of graduation are apparent: articulation or lack thereof (the difference between mere emission of sound and speech) and voluntariness and involuntariness (opposing 'silence' and 'mutism', voluntary shouting and uncontrollable outbursts of screaming). These distinctions are recognised as important by the ancient authors and are foregrounded in turn by terminological shifts. This is not to say that the differentiation is consistently reflected in the vocabulary, and especially in the case of ἄφωνία and ἀναυδία, only the context and narrative can provide precision.

In sum, straightforward physiological causes affect the voice: problems in the passages through which the air moves, impairment in the organs of the voice, humoral movements, hot and cold. Such problems can be caused by a variety of common diseases, some typical of but not exclusive to women (the hysterical suffocation affecting various organs, πνίξις); by the sacred disease and the humoral pathological unbalances it produces; and by quinsy, angina and *peripleumonia* (mechanical impairments in the organs of phonation at various levels: mouth, tongue and throat, lungs).

Some but not all of these affections have mental implications. Very often, however, the voice becomes *in itself* a mental datum. This is evident

characterise the voice of the patient (restored by Galen). At *Epid.* 7.8 (56.24 Jouanna = 5.378.22 L.), a female patient is described as having a pain in the spine, paralysis and a stiff and clenched jaw, accompanied by a ψελλή (unclear, lisping) voice.

¹⁴¹ A corrupt passage, but the point is not affected by the textual problems. On *mania*, see also *Coac.* 550 (242.20–2 Potter = 5.708.20–710.2 L.), where there is a connection between μανία and a shrill voice, wool-covered eyes and ἄφωνία for those who go on to suffer severe attacks (τὰ ἐξ ἐμέτων ἀσώδεα, κλαγγώδεα, ὄμματα ἐπὶ χνόνι ἴσχοντα, μανικά· ὀξέως μανέντες θνήσκουσιν ἄφωνοι).

when, through an independent route, for example stammering is connected to a cognitive aspect, or even more evidently when speechlessness and silence recur as characteristic in cases of *mania*, melancholic suffering and *phrenitis*, and in general when speech disturbance becomes part of an explicit mental cluster, signalled by terminology of insanity. Third, the connection with the mental is involved when voice modification is associated with trauma (to the head or an unspecified part of the body) via the relation with cognitive impairment that both head trauma and the other affections mentioned have. Finally, there is the behavioural aspect of shouting, silences or stammering taken as voluntary and conscious expressions of mood and mental state.

2.4 Limbs and Movement

Even more strikingly, perhaps, the image offered by the body as a whole is important for the representation of mental health in our texts, and is supported by parallels in sources of other sorts. This aspect seems less intuitive to us than an association with the voice or eye behaviour; while we are accustomed to considering the face as expressing aspects of emotional life and identity, the body is seen (by Western audiences, at least) as a standardised part of the human individual, one whose behaviours or reactions are mechanically determined, more ‘common to all’, in contrast to facial variations.¹⁴² As Wiles reminds us, this distinction was not the case in classical Greek representations, in which the body was afforded as much idiosyncratic variation from one individual to the next and as much ‘directedness’ as the face. He quotes illustratively the inadequacy of the display of the Parthenon frieze, ‘lowered to eye-height in the British Museum to provide the sort of intimate encounter we like’, which ‘often leaves viewers troubled by the emotional coldness of these figures, despite their bodily perfection. When we scan these Athenian faces, it is hard to escape our own cultural hunger for a world composed of individuals.’¹⁴³ Likewise, it has emerged from our analysis of eyes and mouth behaviour that the medical *facies* is pretty much a standardised item; its richness of detail falls within a controlled, fixed range, unthinkable for modern accounts of the

¹⁴² Tied to this prejudice is the notion, familiar to scholars of disability studies, that ‘able bodiedness ... define[s] the *essential nature* of the human body [my emphasis] ... this assumption falsely colours our interpretation of the past ... the unreflected modern assumption that the nondisabled body is the standard against which the disabled body should be evaluated’ (Rose, 2003, 2–3) – i.e. the existence of a ‘regular body’ that ought to characterise human beings.

¹⁴³ Wiles (2007) 4.

face. This standardisation of the face is not a medical specific, since something very similar can be observed in non-medical accounts of the face in the classical era.¹⁴⁴ The body as a whole (limbs and movements, spasms and tremors, behaviours and vital functions) receives, by contrast, much more attention than modern psychological portrayals would pay, becoming as eloquent a testimony to the person's state as the face is. Wiles quotes two opposite approaches to both components of human appearance, body and face: that of Lévi-Strauss, for whom 'the face of man is in opposition to the body of man: as the state of society is in opposition to the state of nature', and that of the psychologists Ekman and Friesen, who contend that 'emotions are shown primarily in the face, not in the body. The body instead shows how people are coping with the emotions.'¹⁴⁵ Both statements are peculiarly modern in the opposition they set. This opposition is precisely what is absent from ancient medical treatises and their overall perception of face, body and identity; in our sources, similar ranges of variation are assigned to both.

2.4.1 *Limb Movements and Spasms*

Spasms and convulsions are an important item in the history of medicine, and they have a sociology and anthropology of their own. They are notably associated with demonic possession at various stages of the Christian era and are only (at least partially) restored to the realm of mental phenomena after the Enlightenment, in the course of the nineteenth century, both in parallel to the development of positivistic scientific discourses and with a gradual change in the attitude of the Catholic Church towards such cases and their treatment.¹⁴⁶

An attempt to place the convulsive affections described in our sources under medico-scientific scrutiny is irrelevant here. What interests us is the following: in our medical texts, spasms and convulsions are key elements in the diseases of *epilepsis*, *tetanus* and *opisthotonus*, and also feature in a variety of other organic diseases. While by 'spasms' we can assume 'involuntary contractions of a muscle or hollow organ which can result in convulsions', per current definitions, *σπασμοί* remain difficult

¹⁴⁴ See Thumiger (2016c).

¹⁴⁵ Wiles (2007) 3–4.

¹⁴⁶ Spastic convulsions and epilepsy obviously have a common history; see the classic Temkin (1971) for a history of the 'falling sickness' and perceptions of it between 'possession' and 'physiological disease' throughout Western history; Wohlers (1999) for an exploration of medical and religious associations.

to interpret in the ancient texts, where variations of degree would surely have been the case. The extent of the phenomenon falling under this term is difficult to quantify, and it is perhaps intended as a wider category with subgroups extending from convulsions proper to types of cramps. In addition, there are various movements and reflexes, such as shivering/shuddering (φρίξ and related terms), involuntary contractions, tremors (τρεμώω and related expressions) and more articulated movements of a violent nature, such as kicking or hurling oneself about. These often feature in cases of mental disorder, and not only under the three syndromes or diseases recognised above.

An archetypal description of a spasm attack is that of the epileptic fit at *Morb. Sacr.* 7 (14.23–15.3 Jouanna = 6.372.5–8 L.). This passage in fact contains an ensemble of bodily signs of mental distress:

The patient becomes speechless and chokes; froth flows from his mouth; he gnashes his teeth; his hands twist and his eyes roll, and their intelligence fails; and in some cases excrement is even discharged.

ἄφωνός τε γίνεται καὶ πνίγεται καὶ ἀφρός ἐκ τοῦ στόματος ῥεῖ,
καὶ οἱ ὀδόντες συνηρείκασι, καὶ αἱ χεῖρες συσπῶνται καὶ τὰ ὄμματα
διαστρέφονται, καὶ οὐδὲν φρονέουσιν, ἐνίοισι δὲ καὶ ὑποχωρεῖ ἡ
κόπρος κάτω.

We have already discussed some of these signs in this chapter, and one might suggest that the wider bodily manifestations of mental disorder were influenced by the representation of the attack *par excellence*, the ‘attack’ (ἐπιληψίς), ἡ νόσος described in *De Morbo Sacro*. What modern science knows about epileptic attacks and their characteristics in fact confirms the reliability of most of the elements contained in the description offered by the treatise. The illness and its manifestations must have had an important effect on the ancients’ expectations regarding insane behaviour.

In other cases, the epileptic disease is not mentioned expressly when σπασμός, σπάομαι and equivalent expressions are used. At *Gland.* 12 (119.18–22 Joly = 8.566.10–14 L.), where the brain is discussed as a gland, we find that when it fails to discharge its fluxes (e.g. through the eyes, throat and ears), the congestion of the brain ‘pulls and convulses the whole person, who sometimes becomes speechless and is suffocated; the name of this disease is *apoplexy*’ (ὁ ἐγκέφαλος σπᾶται καὶ ἔλκει τὸν ὅλον ἄνθρωπον, ἐνίοτε δ’ οὐ φωνεῖ καὶ πνίγεται, ἀποπληξίῃ τῷ πάθει τοῦνομα). Here disturbance of the brain, which is its operational centre, impacts the movements of the body, ‘pulling’ and ‘shaking’ the *whole* person (σπᾶται καὶ ἔλκει τὸν ὅλον ἄνθρωπον).

Apart from the association of spasms with obfuscation of the mind when the brain is involved, the connection of σπασμός with the mental sphere is evident at *Aph.* 7.9 (461.11 Magd. = 4.580.4 L.), where spasms and παραφροσύνη are both declared to be bad signs after a flow of blood (ἐπὶ αἵματος ῥύσει παραφροσύνη ἢ σπασμός, κακόν). The two are found combined as bad signs in the case of disturbed sleep (*Aph.* 7.18, 463.1 Magd. = 4.582.2 L., ἐπὶ ἀγρυπνίῃ σπασμός ἢ παραφροσύνη, κακόν); with dark vision, loss of speech, heaviness of the head (σκοτώσεις καὶ ἀφωνίη καὶ κορηβαρίη, *Acut.* (*spur.*) 5, 71.9–10 Joly = 2.406.7 L., in a case of stoppage of air through the vessels); with παραφροσύνη in subjects who are young, fit, μελαγχολικοί and have trembling hands due to drinking (*Acut.* (*spur.*) 29, 82.8–11 Joly = 2.450.6–9 L.); with *mania* at *Judic.* 63, 17.8–9 Preiser = 9.294.11–12 L. as a trigger: ‘whenever contraction of hands or feet occurs, this determines *mania*’ (ὁπόταν ξυντεταμένος <ἢ> τὰς χεῖρας καὶ τοὺς πόδας, μανίην ἐμποιεῖ).¹⁴⁷

Special interest is paid to youth in connection with convulsions. At *Coac.* 108 (128.6–8 Potter = 5.606.1–3 L.), spasms in children are announced by a change of colour (in the complexion) and flushing, these all being signs of congestion in the central body cavity (κοιλίης), and by kicking, ἐκλακτίζειν. *Aer.* 3 (191.1–3 Jouanna = 2.18.4–6 L.) also mentions children, saying that they ‘are liable to convulsions and *asthma*, and to what people think causes the childhood disease and is the sacred disease’ (τοῖσι τε παιδίοισιν ἐπιπίπτειν σπασμούς καὶ ἄσθματα καὶ ἃ νομίζουσι τὸ παιδίον ποιεῖν καὶ ἱερὴν νοῦσον εἶναι). Compare *Epid.* 1.6 (186.14–15 Kühlewein = 2.622.6 L.), σπασμοὶ δὲ πολλοῖσι, μᾶλλον δὲ παιδίοισιν, ἐξ ἀρχῆς, in cases of

¹⁴⁷ See also *Epid.* 7.90 (103.19–104.1 Jouanna = 5.446.18–19 L.), the case of the female slave of Conon: she has a headache, is ‘out of herself’, ἐκτὸς ἑωυτῆς, shouting and crying out except for intervals of quiet. In the final ten days of the forty of her illness, she becomes ἄφρωνος and σπασμώδης; *Prorrh.* 1.19 (77.6–7 Polack = 5.514.14–15 L.), where ‘in forms of delirium (αἱ παρακρούσεις) associated with shrillness of the voice (σὺν φωνῇ κλαγγῶδει), trembling spasms of the tongue (γλώσσης σπασμοὶ τρομώδεις)’ signify that the patients ‘will lose their wits (ἐξίστανται)’ (also at *Coac.* 98, 126.5–7 Potter = 5.604.3–6 L.). There is an association with dimness or loss of sight: ὁμμάτων ἀμαύρωσις with fainting (ἀψυχίη) signifies impending convulsions, σπασμῶδες συντόμως in *Coac.* 222 (156.23–4 Potter = 5.632.17–18 L.); likewise, a high-pitched or broken voice and dimness of the eyes (ὀξυφωνίη κλαυθμώδης, καὶ ὁμμάτων ἀμαύρωσις) are σπασμῶδες at *Coac.* 252 (162.24–6 Potter = 5.638.10–12 L.). There is also a connection between convulsion and *aphonia*, apparent in the series of aphorisms at *Coac.* 342–53, all devoted to σπασμοὶ (and more generally within a larger group that discusses comparable involuntary movements): e.g. *Coac.* 353 (186.16–19 Potter = 5.658.18–21 L.), in cases of convulsions different durations of speech loss may have a different significance for the outcome: ‘in convulsions, a longer loss of speech is bad; a shorter loss of speech foretells paralysis either of the tongue or of an arm and the right parts’ (ἐν τοῖσι σπασμοῖσιν ἀναυδίη ἐπὶ πολὺ κακόν· τὸ δὲ ἐπὶ μικρόν ἢ τοι γλώσσης ἀποπληξίην, ἢ βραχίονος καὶ τῶν ἐπὶ δεξιᾷ σημαίνει).

ardent fever. In texts from which paediatrics is basically absent, these comments stand out as marking this disease in young patients *qua* young as a special case.

Entering into more detail regarding the nature of these disorderly movements, kicking and leg movements are commonly mentioned forms of convulsion (e.g. λακτίζω). ἐκλακτίζειν, as we have already seen, is mentioned as a prodromic sign of epilepsy in children; at *Morb. Sacr.* 1 (8.8–9 Jouanna = 6.362.3 L.), in the famous criticism of superstitious accounts of a disease that should be taken to be as natural as any other, among the folk examples ridiculed by the author is a belief in a ‘disease of Ares’: ἦν δὲ ἀφρόν ἐκ τοῦ στόματος ἀφίη καὶ τοῖσι ποσὶ λακτίζει, Ἄρης τὴν αἰτίην ἔχει, ‘if he foams at the mouth and kicks with his feet, Ares receives the blame’, with reference to this sign of spastic attack, which must have been part of a popular image of possession. Later, at *Morb. Sacr.* 7 (16.9–14 Jouanna = 6.374.9–13 L.), the cause of this behaviour is explained in natural terms: ‘the patient kicks when the air is shut off in his limbs and cannot pass through to the outside because of phlegm; rushing upwards and downwards through the blood, it causes convulsions and pain; hence the patient kicks’ (ὅταν ὁ ἀήρ ἀποκλεισθῇ ἐν τοῖσι σκέλεσι καὶ μὴ οἷός τε ᾗ διεκδῦναι ἔξω ὑπὸ τοῦ φλέγματος· αἴσσω δὲ διὰ τοῦ αἵματος ἄνω καὶ κάτω σπασμὸν ἐμποιεῖ καὶ ὀδύνην· διὸ λακτίζει).

Jumping about is an expression of restlessness that has a strong visual impact and communicates aggressiveness and anger, an image of the ill and mentally disturbed as they are startled out of a resting position. To ‘jump/hurl oneself forth’ (ἀναΐσσω), is used at *Morb.* 3.13 (80.19–22 Potter = 7.132.23–134.1 L.) in a description of *opisthotonus* that offers a model for an attack of insanity (with crying out, talking nonsense, then speechlessness and seizure by a manic or melancholic suffering, ἀλίσκόμενοι ἢ μανικοὶ τι ἢ μελαγχολικοί). Here restlessness of the limbs is observed in detail: the patient ‘is unable to restrain himself, tossing himself about when the pain grips him; but when it remits, he is still’ (οὐ δύναται ἑωυτὸν κατέχειν, ἀλλ’ ἀναΐσσει ἐνίοτε, ὅταν ἡ ὀδύνη ἔχη· ὅταν δὲ ἀνῇ ἡ ὀδύνη, ἡσυχίην ἔχει). At *Epid.* 7.25 (68.5–7 Jouanna = 5.396.23–398.1 L.), the wife of Theodorus, who displays various characteristics of insanity, ‘jumped about ... trembling, with spasms ... in her hands’ (ἀνεπήδα ... τρομώδης χεῖρας ... σπασμώδης). At *Epid.* 3.17 case 5 (236.24–237.4 Kühlewein = 3.118.10–14 L.), an illness beginning with a pain in the thigh, fever and general discomfort (ὑπεδυσφόρει) is followed by a high fever and, before death, ‘derangement of the mind and distress and much tossing about’ (παρακοπή δὲ τῆς γνώμης καὶ ταραχή καὶ πολὺς βληστρισμός).

At *Int.Aff.* 48 (232.22–3 Potter = 7.286.5–6 L.), during crisis in acute diseases, derangement and disturbed dreams make the patient jump out of sleep (ἀναίσσει ἐκ τοῦ ὕπνου); at *Mul.* 1.2 (8.18.8 L.), a woman affected by missing her periods and a variety of mental complaints ‘is wandering’ (ἀλύει) and ‘tosses herself about’ (ρίπτει ἐωυτήν). Likewise at *Morb.* 2.17 (151.17–152.2 Joanna = 7.30.18–22 L.), in the description of ‘another disease’, the vessels around the brain fill with blood and the patient ἀλύει and ριπτάζει αὐτὸς ἐωυτόν. At *Morb.* 3.15 (82.22–5 Potter = 7.136.11–15 L.), *peripleumonia* (περιπλευμονή) is characterised by ‘helplessness, powerlessness and hurling oneself about (ἀπορίη καὶ ἀδυναμία καὶ ριπτασμός)’, and finally by παραφροσύνη with heaviness of the chest.¹⁴⁸

This sign, which we would normally connect with aggressiveness and excitement, is also found in a case that appears rather ‘depressive’, to use an anachronistic label: at *Epid.* 7.89 (103.11–12 Jouanna = 5.446.11 L.), Parmeniscus’ dysthymic insanity presents ριπτασμός with wandering, ‘hurling himself about’, but μετὰ σιγῆς, ‘in silence’. Anxiety and fear also seem to be suggested at *Coac.* 59 (118.13 Potter = 5.596.19–20 L.): to be easily startled and jump when touched means the patient is in a bad way (οἱ πρὸς χεῖρα ἀναίσσοντες, κακοί).

In conclusion, uncontrolled movements of the limbs and tossing oneself about are repeatedly noted along with mental suffering. The imagery of kicking and disorderly movements owes much to terminology borrowed from the animal world: λακτίζω and σκίρτημα are typical animal behaviour and are often applied to human derangement or emotionality. Some poetic examples show the widespread familiarity of this image, e.g. the delirious words of Phaedra at Euripides’ *Hippolytus* 215–22, whose heightened emotions make her identify with the racing hunters and their prey:

Oh, take me to the Mountain! I will go
through the wood and past the pines,
where the beast-hunting
hounds make their way,
tracking the dappled roe.

¹⁴⁸ For leaping about as a sign of aggression, see *Epid.* 4.15, a patient deranged ‘in an irrepressible way’ (τρόπον τὸν ἀκόλατον), followed by ‘springing up, fighting, speaking foully and aggressively’ (ἀνίστασθαι, μάχεσθαι, αἰσχρομυθεῖν ἰσχυρῶς, 96.18–20 Smith = 5.152.16–20 L.). At *Int.Aff.* 29 (174.12–13 Potter = 7.242.25–244.1 L.), there is a disease of the liver in which the patient quickly proceeds to insanity, μαινεται and ἀναίσσει, ‘is mad and leaps up’; at *Epid.* 7.11 (60.1–3 Jouanna = 5.384.8–10 L.), ‘it was a task to restrain [the patient] as she leapt up and shouted suddenly and intensely, as though in reaction to a blow or dreadful pain or fright’ (ἔργον κατέχειν ἦν ἀπηδῶσαν καὶ βοῶσαν ἐξαίφνης καὶ ξυντόνως, ὥσπερ ἂν ἐκ πλεγῆς καὶ δεινῆς ὀδύνης καὶ φόβου).

O God, I long to shout to the hounds
and beside by my blonde hair
to brandish a Thessalian spear,
holding a missile in my hand.

πέμπετέ μ' εἰς ὄρος· εἶμι πρὸς ὕλαν
καὶ παρὰ πεύκας, ἵνα θηροφόνῳ
στείβουσι κύνες
βαλιαῖς ἐλάφοις ἐγχιριπτόμεναι.
πρὸς θεῶν· ἔραμαι κυσὶ θωύξαι
καὶ παρὰ χαίταν ξανθὰν ῥίψαι
Θεσσαλὸν ὄρπακ', ἐπιλογχὸν ἔχουσ'
ἐν χειρὶ βέλος.

The heroine longs to run in the hunt, with and like wild animals – part of the Artemisian setting, of course, and of her unconfessable love for Hippolytus the hunter, but also an image of insanity as a restless urge to move.¹⁴⁹

The god's influence in Euripides' *Bacchae* is also represented visually in the way his worshippers – or victims – move their bodies under his influence, which is explicitly presented as a form of insanity. Running, dancing and leaping characterise the maenads' motions as jerky:¹⁵⁰ σκίρτημα ('leap'),¹⁵¹ the evocations of 'tossing one's throat to the dewy air of heaven',¹⁵² 'storm-swift with fast-running efforts',¹⁵³ 'hurling to the ground'.¹⁵⁴ The movements of the maenads are violent, sudden and abrupt. The same image, devoid of any reference to hunting but as a pure sign of derangement, is found in the *Heracles*, where Lyssa is instructed by Iris to instill madness into Heracles' body in the following terms (835–7):

move, drive into this man your madness,
child-slaughtering turmoils of the mind,
and leaps of the feet

¹⁴⁹ Phaedra is explicitly seen as insane, both in her own assessment ('whether was I struck away from good sense', ποῖ παρεπλάγχθη γνῶμης ἀγαθῆς, at 240; 'I was mad', ἐμάνην, at 241; 'for it is painful to be reasoning lucid and straight, but madness is a bad thing', τὸ γὰρ ὀρθοῦσθαι γνῶμην ὀδυνηρόν, τὸ δὲ μαινόμενον κακόν, at 247–8) and in the judgement of the nurse with whom she is speaking ('hurling words mounted on madness', μανίας ἔποχον ῥίπτοῦσα λόγον, at 214; 'you threw out a word in derangement', παράφρων ἔρριψας ἔπος, at 232; 'which one of the gods is drawing you off and knocks your wits astray', ὅστις σε θεῶν ἀνασειράζει / καὶ παρακόπτει φρένας, at 237–8).

¹⁵⁰ On dancing as a token of madness in classical culture, see Beta (1999) 137–40, with reference to Aristophanes' *Wasps* and Euripides' *Heracles*.

¹⁵¹ *Ba.* 169, 'I leap', σκίρτάω, 446.

¹⁵² *Ba.* 150, πλόκαμον εἰς αἰθέρα ῥίπτων; 864–5, δέραν αἰθέ' ἐς δροσερόν ῥίπτους.

¹⁵³ *Ba.* 872–3, δράμημα κυνῶν, μόχθοις δ' ὠκυδρόμοις ἀελλᾶς.

¹⁵⁴ *Ba.* 136–7, ἐκ θιάσων δρομαίων πῆσσι πεδόσε; 600–1, δίκετε πεδόσε δίκετε τρομερὰ σώματα.

μανίας τ' ἐπ' ἀνδρὶ τῷδε καὶ παιδοκτόνους
φρενῶν ταραγμούς καὶ ποδῶν σκιρτήματα
ἔλαυνε, κίνει

The ποδῶν σκιρτήματα at 836 could be taken as hendiadys and more freely translated ‘set his feet to a frenzy for slaughtering his own children’. In any case, the text underlines leaping about and jerky movement as self-explanatory evidence of insanity. If the *Hippolytus* passage made a clear reference to hunting, as does the *Bacchae* in the bodily movements that sum up insanity, in the *Heracles* a certain quality of bodily movement is part of a common understanding of the insane with which medical authors also operate.¹⁵⁵

Hand behaviour in mental suffering is also noted. The hands receive attention in two senses in particular: first, movement in the air and spasmodic clutching, as if the patient were trying to catch something, also related to convulsions of the tendons and comparable phenomena associated with *tetanus* and *opisthotonus*; and second, compulsive plucking at the hair or attempts to pick tiny, invisible objects or insects, variously described, off the blanket or the wall. This is one of the most suggestive and characteristic signs of mental suffering in our texts.¹⁵⁶

At *Morb. Sacr.* 7 (15.1 Jouanna = 6.372.7 L.), in the course of the epileptic crisis, the physician mentions the tense stretching of the hands (χεῖρες συσπῶνται), while at *Morb. Sacr.* 8 (17.7–8 Jouanna = 6.376.4–5 L.) hands are listed among the body parts (with mouth and neck) that can remain misshapen in children who have suffered an attack, just as ‘stretching of the hands’ (διαστάσεις χειρῶν) is caused by a stoppage in the vessels at *Acut. (spur.)* 6 (70.16–17 Joly = 2.402.10–404.1 L.) in cases of sudden aphonia (τὸ δὲ ἄφωνον ἐξαίφνης γενέσθαι). At *Mul.* 2.110 (8.234.18–20 L.), a pathology labelled *metrorragie* by Littré befalls women as a consequence of amenorrhoea. The patients are afflicted by acute pain; among other possibly mental signs (speechlessness, grinding of the teeth), we are told that their big toes contract (οἱ δάκτυλοι ξυνέλκονται τῶν ποδῶν οἱ μεγάλοι) and their hands lose strength (τῶν χειρῶν ἀκрасίη). The sign of gesturing

¹⁵⁵ One can add as a parallel Io’s wanderings in the shape of a cow in the pseudo-Aeschylean *Prometheus Bound* and the Aeschylean *Suppliants*, with her manic race at *PV* 675, ἐμμανεῖ σκιρτήματι. Padel (1995) 131–5 also discusses this imagery of leaping in tragedy as ‘daemonic dance’; the pulsing, throbbing and disorder of the body (πίτυλος, σπασμός, ταραγμός/ταραχή) are indicators of madness.

¹⁵⁶ In contemporary medical understanding, the phenomenon is categorised as ‘muttering delirium’ or ‘typhoid state’, which includes floccillation, trembling, slurred speech and muscular twitching; see Verghese (1985); Lerner (2010) 74 on *carphologia*; Walshe (2016) 100 on ‘random “picking” behaviour in delirious patients’ in the Hippocratics.

with the arms spasmodically, as opposed to weakness and lack of tone, can perhaps be associated with the wild throbbing of the vessels, also an indicator of mental disturbance: at *Epid.* 2.5.16 (74.1–2 Smith = 5.130.18–20 L.) we learn that ‘someone whose blood vessel at the arm bend throbs, is wild and prone to anger (μανικός καὶ ὀξυθύμος),¹⁵⁷ while a person whose vessel is still is affected by hazy delirium/cold fevers/*typhus* (τυφώδης)’.

Gesturing is described with vivid detail in the patient cases of the *Epidemics*. An expressive instance is *Epid.* 7.11 (59.7–10 Jouanna = 5.382.21–3 L.), the wife of Hermoptolemus, whose hand movements are closely described: she ‘reached out from time to time with her hand to the plaster wall, and tried to move the cold pack which she had on her head to her chest and sometimes would throw off the cover’ (καὶ τῇ χειρὶ ἔστιν ὅτε ἐπωρέγετο πρὸς τὸ κονίημα· καὶ προσκεφάλαιόν τι ψυχρὸν ἐνεὸν τῇ κεφαλῇ καὶ τοῖσι στήθεσι προσεῖχε· καὶ τὸ ἰμάτιον ἔστιν ὅτε ἀπερρίπτει); ‘she kept moving both hands to her mouth and chewing them’ (τὰς χεῖρας ἀμφοτέρας ἐπὶ τὸ στόμα φέρουσα ἐμασᾶτο: 61.7–8 Jouanna = 5.386.8–9 L.). The patient at *Epid.* 7.52 (84.5–16 Jouanna = 5.420.12–21 L.), a child (παῖδιον) who dies after four months of an illness that seems centred in the stomach, also makes hand movements to signal discomfort: he ‘beats on his belly’ (ἐκοπτε τὴν γαστήρα· ἐτίλλετο), and ‘always throughout his illness he would reach with his hand to his forehead, especially as the end was imminent, but he had no pain in his head’ (ἄρρωστέων δὲ αἰεὶ τῇ χειρὶ κατῆγε κατὰ τοῦ βρέγματος, μάλιστα δ’ ὑπόγουον, οὐκ ἤλγει δὲ τὴν κεφαλὴν). The physician records a disruption between the behaviour of touching the affected part (the belly, the forehead) and the objective indicator of a physiological state, pain in the head; the gesture is more significant, as the child brings his hands to his forehead even though there is no pain there to soothe.¹⁵⁸

A term specifically applied to disorderly hand movements made by the mentally distressed with no self-soothing purpose is ψηλαφώδης, which we can translate ‘trying to feel something’ – with Liddell–Scott, ‘like someone groping in the dark’. At *Prorrh.* 1.34 (78.14–15 Polack = 5.518.9–10 L.), we find ‘trembling, lack of clarity, delirium with groping of the hands’ (τρομώδεις, ἀσαφές, παρακρούσεις ψηλαφώδεις), as characteristic of

¹⁵⁷ Galen comments specifically on this sign at *Quod Anim. Mor.* 8, IV.803–4 K. (63.4–8 Müller), explaining that ‘those in which the artery that runs down the arm pulsates most violently, these are μανικοί’, and at *Comm. Hipp. Prog.* 1.28 (245.15–20 Haag = XVIIIb.88 K.).

¹⁵⁸ The interesting question, of course, is how the physician could assert knowledge of the presence or absence of pain in a child patient (or in anyone). In this case there are no explicit references to mental distress, although we must note that the patient is a child, and signs of mental discomfort are never recorded in young patients with the typical explicit terms such as παρακρούω or μανία.

phrenitics (and also at *Coac.* 76, 122.1–3 Potter = 5.600.7–9 L., αἱ τρομώδεις, παρακρούσεις ψηλαφώδεις, φρενιτικάι).

At *Epid.* 7.53 (84.21–3 Jouanna = 5.422.4–5 L.), we read of the sister of Hippias, a phrenitic patient described as ‘very busy with her hands, lacerating herself’ (τῇσι χερσὶ πραγματευομένη, ἀμύσσουσα ἑωυτήν); at *Epid.* 7.89 (103.12–13 Jouanna = 5.446.12 L.), in the case of Parmeniscus, ‘the hand went to his *hypochondria* as though he was in pain’ (χείρ πρὸς ὑποχόνδρια ὡς ὀδυνομένη); at *Epid.* 7.5 (54.9–10 Jouanna = 5.374.19–20 L.), a case with clear references to mental impairment, the patient ‘reached out with his hands continually, looking for something in the empty air’ (τῇσι χερσὶν ἐπορεύόμενος καὶ αἰεὶ τι διακενῆς θηρεύωνιν); at *Epid.* 5.91 (41.4–8 Jouanna = 5.254.7–10 L.), a female patient has pain and arthritis, amenorrhoea, and loss of voice in the night, but all the same (δέ) the writer specifies that she could hear and was rational (ἐφρονεῖ), and could indicate where it hurt with her hand (ἐσήμαινε τῇ χειρὶ). The appropriate use of one’s hand to gesture and communicate is a sign of sanity.

Most conclusively, at *Prog.* 4 (13.3–14.2 Jouanna = 2.122.5–10 L.) it is clearly theorised that certain motions of the arms (χειρῶν φορὴ) are important in cases of acute diseases and can even be indicators of imminent death:

As to the motions of the hands, I observe the following facts. In acute fevers, *peripleumonia*, *phrenitis* and headache, if you see them moving their hands before their face, hunting in the empty air, plucking nap from the bed-clothes, or picking at things and snatching chaff from the walls – all these signs are bad, even deadly.

περὶ δὲ χειρῶν φορῆς τάδε γινώσκω· ὁκόσοισιν ἐν πυρετοῖσιν ὀξέσιν ἢ ἐν περιπλευμονίῃσιν ἢ ἐν φρενίτισιν ἢ ἐν κεφαλαλγίῃσι, πρὸ τοῦ προσώπου φερομένας τὰς χεῖρας <ὀρᾶς> καὶ θηρεύουσας διὰ κενῆς, καὶ ἀποκαρφολογεύουσας, καὶ κροκῦδας ἀπὸ τῶν ἱματίων ἀποτιλλούσας, καὶ ἀπὸ τοῦ τοίχου ἄχυρα ἀποσπώσας, πάσας εἶναι κακὰς καὶ θανατώδεις.

Some of the signs mentioned above fall under the specific phenomenon of *crocycidism* (also known as *caphology*, or *floccillation*),¹⁵⁹ which is connected not only with *phrenitis* in our sources but with mental disorders more generally. Thus at *Epid.* 7.25 (67.21–68.3 Jouanna = 5.396.19–21 L.), the wife of Theodorus, a case with much explicit delirium and insanity (ὑπελήρει, λῆρος, παράλογως, μανίη), ‘mostly reaching with her hands

¹⁵⁹ Generally included among the neurological signs in modern medicine, as we have seen (p. 151 n. 196 above) (see Lerner 2010). Sacks (2012) 224–5 discusses ‘tactile hallucinations’ and quotes a case in which the patient ‘see[s] ... huge centipedes or caterpillars crawling all over ... the ceiling ... a spider was on [her] chest’. These hallucinations of insects or numerous small crawling presences are a recognised neurological sign. See also Pigeaud (1981/2006) 82–6.

towards the wall or the bedclothes ... she plucked at the blankets' (τῇ χειρὶ τὰ πολλὰ πρὸς τοῖχον ἢ πρὸς ἱμάτιον ... καὶ ἐκροκυδολόγει, καὶ ξυνεκαλύπτετο προσώπων); at *Int.Aff.* 48 (232.12–14 Potter = 7.284.6 L.), in acute diseases caused by bile, the patient suffers various hallucinatory experiences and 'he removes the flocks of wool from his blanket, if he sees them, believing they are lice' (τὰς κροκύδας ἀφαιρέει ἀπὸ τῶν ἱματίων, ἣν περ ἴδῃ, δοκέων φθεῖρας εἶναι). In *Acut. (spur.)* 16 (75.20–4 Joly = 2.424.14 – 426.4 L.), 'cases in which the body cavity is moist and the mind is disturbed (κοιλίῃ ὑγρῇ καὶ γνώμῃ τεταραγμένη): the majority of such patients pluck bits of wool, pick their noses and answer questions briefly, but of their own accord they say nothing sensible (οἱ πολλοὶ τῶν τοιοῦτων τὰς κροκύδας ἀφαιρέουσι καὶ τὰς ῥίνας σκάλλουσι καὶ κατὰ βραχὺ μὲν ἀποκρίνονται τὸ ἐρωτώμενον, αὐτοὶ δὲ ἀφ' ἑωυτῶν οὐδὲν λέγουσι κατηρητημένον)'.¹⁶⁰ At *Epid.* 3.17 case 15 (243.26–244.3 Kühlewein = 3.142.5–9 L.), the illness of the wife of Delearces (acute fever, but following a grief, ἐκ λύπης) includes various behavioural disturbances (she wraps herself up and is silent); then 'she fumbled, plucked, scratched, picked hairs' (a combination of quasi-synonyms difficult to interpret: ἐψηλάφα, ἔτιλλεν, ἔγλυφεν, ἐτριχολόγει); at *Int.Aff.* 43 (216.14–15 Potter = 7.274.5 L.), in a case of acute *typhus* in which the blood cannot move around because the vessels have dried up, the patient 'chases the flies away from his blanket' (τὰς μυῖας ἀπὸ τοῦ ἱματίου θηρεύει).

Noticeable behaviours with reference to clothing and covers, such as wrapping oneself up in them or throwing them off, have additional mental interest. Clothing, in fact, is not simply a cover in contact with the skin, protecting the patient from cold or draft, but most importantly perhaps an item of personal, cultural and symbolic significance. A variety of studies have offered commentary on the actions of covering and shading oneself and on the symbolism of clothing as ways of 'veiling and unveiling' in Greek culture.¹⁶¹ Pathological reactions to clothing are emphasised in our texts as a compulsion of the insane at the two extremes: wrapping and covering oneself up, and pathological intolerance of clothes. Ideas about hiding and exposure and attempts to deal with the emotions characteristic of the ill, prominently fear and shame, come into play here. Even these obviously behavioural facts are not felt as clearly separated from the physiological level in our texts, as is demonstrated by the

¹⁶⁰ Galen on this passage (*Comm. Hipp. Acut.* 4.37, 307.5 Helmreich = XV.803 K.) labels these as typical of *phrenitis* (τὰ τῶν φρενιτικῶν συμπτώματα), although they are neither exclusive nor typical to it in our texts.

¹⁶¹ See Ferrari (2002), esp. 54–60; Cairns (2005a/b, 2009, 2011b).

fact that at *Epid.* 6.8.23 (184.1–2 Manetti–Roselli = 5.352.8–9 L.), for example, a passage which discusses matters that contribute to our health, we find ‘life-style, *covering* (σκέπησι), exercise, sleep, sexual activity, mental activity’.¹⁶²

Let us consider some examples of this aspect of pathology in context. At *Epid.* 3.1, case 3 (218.6–8 Kühlewein = 3.42.9–11 L.), on the day after delirium (παρέκρουσε) the patient περιστέλλετο, ‘wrapped himself up’ as he lays sick; this is a case that opens with heaviness in the head and clear mental signs. After wrapping himself up, following a resolution, he regained his senses to some extent (ἐκουφίσθη, κατενόει μᾶλλον). At *Epid.* 2.22 (38.9 Smith = 5.94.6 L.), a female patient, Lycie, is treated with hellebore, has trouble breathing, and in the end ‘she was deranged, she wrapped herself up’ (παρεφέρετο, περιεστέλλετο); at *Epid.* 7.25 (68.3 Jouanna = 5.396.21 L.), as death is approaching, the delirious wife of Theodorus ‘kept her face covered up’ (συγκαλύπτετο πρόσωπον); at *Epid.* 3.17, case 15 (244.2 Kühlewein = 3.142.7–8 L.), the wife of Delearces again, whose fever derives from grief, displays silence, much talk, compulsive plucking and ἐξ ἀρχῆς ... περιστέλλετο (and again later, αἰεὶ ..., περιστέλλετο: 244.15 Kühlewein = 3.146.5 L.).¹⁶³ Similarly, the wife of Hermoptolemus at *Epid.* 7.11 is characterised by the pathological συγκαλύπτειν until, at the end, ‘she was calm at times, without huddling under the covers (ἄνευ τοῦ συγκαλύφθαι) or coma’ (61.13; 19 Jouanna = 5.386.13; 18 L.).

The opposite, the casting off of one’s bedclothes, is a more peculiar sign. At *Morb.* 3.11 (78.21–8 Potter = 7.130.17–25 L.), we find a description of a sufferer affected with ‘acute and rapidly fatal jaundice’; he cannot bear to be approached or talked to, and ‘will not even tolerate having his blanket (ἱμάτιον) on him, but it scratches and irritates him (δάκνεται καὶ ξύεται)’; at *Epid.* 7.11 (59.10 Jouanna = 5.382.23 L.), the wife of Hermoptolemus ‘sometimes threw off her cover’ (τὸ ἱμάτιον ἔστιν ὅτε ἀπερρίπτει). This sign is inserted by the physician in the context of various hand compulsions that betray mental distress, and as such we should pay attention to them – although high fevers might obviously give an impulse to such behaviours. The

¹⁶² Galen explains these σκέπησι with examples comprising both clothing and dwellings (here in the German translation from Arabic, with some oriental colouring): ‘was das “wohnen” betrifft, so umfaßt es einerseits die Kleidung, die Schuhe, die Kappen, die Turbane, die Westen, welche auch die Arme bedecken, und die Halsbänder andererseits die Häuser, die Zelte, die Paläste, die gedeckten Schiffe’ (*Comm. Hipp. Epid.* VI, 484.21–4 Wenkebach–Pfaff).

¹⁶³ Galen comments explicitly on the sign in this patient, confirming its mental nature despite the possibility of other explanations: ‘the excessive talk belongs to *phrenitis*, the fact of being silent is melancholic, and the wrapping oneself up belongs to both, unless of course one is doing it because of feeling cold’ (my translation: τὸ μὲν γὰρ λόγοι πολλοὶ φρενιτικόν, τὸ δὲ σιγῶσα μελαγχολικόν, τὸ δὲ περιεστέλλετο κοινὸν ἀμφὸν, εἰ μὴ πως ἄρα καὶ διὰ τὴν καταψυξίν ἐνίστε περιεστέλλετο, *Comm. Hipp. Epid.* III, 90, 186.4–7 Wenkebach = XVIIa.789 K.).

mentally suffering patients at *Acut.* 42 (54.11–12 Joly = 2.314.6–7 L.) are also characterised by ‘the throwing off of mantles from the chest’ (τῶν ἱμάτων ἀπορρίψεις ἀπὸ τοῦ στήθεος) – in the plural, suggesting a recognised pattern. At *Epid.* 7.59 (86.15–16 Jouanna = 5.424.14 L.), Chares, a patient with acute fever, cough and persistent comatose state, ‘kept throwing off the bed-covers’ (τὰ ἱμάτια ἀπέβαλλε); at *Epid.* 7.84 (100.11–14 Jouanna = 5.442.21–3 L.) ‘he kept throwing the covers off his chest’ (τὸ ἱμάτιον αἰεὶ ἀπὸ τῶν στηθέων ἀπεώθει), in a case with fever and slurred speech (ἄκροπτις); and at *Epid.* 7.85, again with speechlessness and explicit insanity (the case opens precisely with ἄφωνήη, ἄγνοια, παραλήρησις, and then the patient is out of himself, ἐξ ἑωυτοῦ ἐγένετο: 100.16–101.3 Jouanna = 5.444.1–7 L.), we read that Androthales would throw off the cover from his chest, ἀπὸ τοῦ στήθεος τὸ ἱμάτιον ἀπέρριπτε (101.5–6 Jouanna = 5.444.8–9 L.).

2.4.2 *Head Shaking*

This sign is very common in the representation of the insane outside the medical sources, in figurative art and poetry. The typical maenadic portrayal includes the gesture of the head tossed backwards with the neck exposed, or shaking the head: ‘Where should we dance, where should we set our foot and shake our grey head (in celebration of the god)?’ (ποῖ δεῖ χορεύειν, ποῖ καθιστάναι πόδα | καὶ κρᾶτα σεῖσαι πολίον;) asks Cadmus of Tiresias in the *Bacchae*.¹⁶⁴ At *Prorrh.* 1.143 (95.17–96.2 Polack = 5.562.8–10 L.; see also *Coac.* 163, 9–11 Potter = 5.618.17–620.1 L.), within the group of aphorisms that discuss headaches we read that ‘shaking the head’ (τὰ σεῖοντα κεφαλὴν) is significant in association with ringing in the ears (τὰ ἡχώδεα) as a cause or sign of physiological facts: ‘agitation of the head and ringing in the ears provokes a haemorrhage or brings down the menses, especially if followed closely by a burning heat along the spine’ (αἰμορροεῖ, γυναικεῖα καταβιβάζει, ἄλλως τε κῆν κατὰ ράχιν καῦμα παρακολουθεῖ). In some patients it indicates mental disturbance, as at *Epid.* 7.11 (61.2–3 Jouanna = 5.386.4 L.), where the wife of Hermoptolemus shakes her head (κεφαλὴν ὑπέσειεν). This element is much more characteristic, however, of images of possession in the poetic tradition, as in Euripides’ *Bacchae*, as noted above, where shaking is a Dionysiac topos (shaking the thyrsus or a weapon in warlike expressions of aggressiveness and the like).¹⁶⁵

¹⁶⁴ See Mattes (1970) 74–92 for a survey of tragic representations of this behaviour.

¹⁶⁵ E.g. *Ba.* 184–5, 933; see also Eur. *HF* 867, where the deranged Heracles τινάσσει κρᾶτα.

The poetic parallels suggest that this particular sign may be associated with the religious sphere and have analogies with the movements of ecstatic dance. It is central in later medical texts, which recognise with more exactitude a mental disorder caused by excessive religious behaviours, although under various names. A medical treatise *On Enthusiasm*, *Περὶ ἐνθουσιασμοῦ* (-ῶν), is even ascribed to Theophrastus (328.9a FHS&G),¹⁶⁶ and use of the term *enthousiasmos/entheastikos* and mention of a disease ἐνθεαστικά is attributed to the fourth-century physician Praxagoras (*An. Par.* 20, 121–3 Garofalo). This ‘fanaticism’ (in Fuchs’s translation) is connected with inflammation around the heart and may sometimes cause the familiar shaking of the hands and head and a ruddiness of the face: ‘persons affected by fanaticism get excited mostly from incense vapours and pipes, dancing and religious superstitions. During attacks, their face blushes and they toss their head and arms here and there (οἱ δὲ ἐνθεαστικοὶ μάλιστα μάν ὑπὸ θυμιαμάτων καὶ αὐλῶν καὶ λιβανωτοῦ παροχύνονται, ὀρχήσεώς τε καὶ τῆς πρὸς τὸ θεῖον δεισιδαιμονίας: κατὰ δὲ τοὺς παροχυσμοὺς ἐνευρευθὲς ἔχουσι τὸ πρόσωπον, τὴν τε κεφαλὴν καὶ τὰς χεῖρας ἄλλοτε ἄλλη ρίπτουσιν). More disorderly behaviour follows, as they ‘disfigure themselves with whips and irons, cutting the skin surface. They run away like oxen and take shelter in some holy place, when they collapse from the constant fatigue, and after a little while stand up again in control of themselves.’¹⁶⁷

2.4.3 *Restlessness, Wandering*

Agitation intended in a general sense, not assigned to the movement of specific body parts, and a tendency to wander are familiar markers of the insane in Greek poetic representations, where the literary motif of the wandering madman is a familiar one.¹⁶⁸ For wandering and aimless, restless movements our texts offer a wide range of terms; ἀλύω, ἀλυσμός, ἀλύκη and εἴλω, ἐλύω are the most frequently used. Other more general expressions for discomfort and restlessness, however, such as δυσφορία, δυσφορέω and οὐ κατέχειν, are also in question, as well as forms of ἐρρίπτειν. On

¹⁶⁶ Fortenbaugh (2011) 16; later, in the first–second century CE, the physician Aretaeus devotes a paragraph in his treatment of chronic diseases to ‘another kind of *mania*’ described as ἐνθεός (III.6.11 Hude).

¹⁶⁷ On enthusiasm see also below, Chapter 5, pp. 384–5. For the earlier period, see Delatte (1934) for a history of ‘enthousiasmos’ in the pre-Socratics.

¹⁶⁸ E.g. Vaughan (1919) 33; Mattes (1970) 63–8; Padel (1995) 22, 102–6; Hershkowitz (1998) 125–6; Montiglio (2005).

the whole, this aspect emerges as typical of women rather than men in our texts. At *Epid.* 3.17, case 7 (237.20–238.5 Kühlewein = 3.122.5–16 L.), a maiden suffering from ardent fever is described immediately at the beginning as ἀλουοῦσα, and subsequently as παρόλερος and affected by παρακοπή. *Epid.* 5.62 (28.6–8 Jouanna = 5.242.4–5 L.; cf. 7.31, 70.14–71.1 Jouanna = 5.400.19–20 L.) reports a case of javelin injury (such occurrences of trauma are described in association with insanity in the entire group of cases between 7.29 and 7.37); the case ends in death, with ἄλυσμός· δυσφορία. At *Epid.* 7.10 (58.6–9 Jouanna = 5.382.1–3 L.), the case of Chartades begins with fever and vomiting of bile, and develops in a mental direction with ἄλυσμός and rapid breathing; at *Epid.* 7.32 (71.5–8 Jouanna = 5.402.1–4 L.), another case of head trauma (the man ‘hit with a stone by the Macedonian’) displays mental signs (voicelessness, deafness, lack of consciousness, ἀφρονεῖν) and ἄλυσμός; at *Epid.* 7.89 (103.11–12 Jouanna = 5.446.11–12 L.), Parmeniscus (whose mental suffering include depression, ἄθυμια, and a desire to die) has various signs we would connect to anxiety: ‘troubled sleep, silently tossing himself about ... wandering’ (ἀγρυπνίη ... ῥιπτασμός μετὰ σιγῆς ... ἄλυσμός).

At *Prog.* 3 (9.6–13.2 Jouanna = 2.118.7–122.4 L.) we find a survey of the bodily postures and movements of the limbs that signify serious affections ultimately involving παραφροσύνη and μανικόν; we read (10.6–9 Jouanna = 2.118.15–120.2 L.) that if a patient is found in a disorderly body posture, this is a bad sign, ‘for it signifies *wandering*, ἄλυσμόν ... σημαίνει’. This passage deserves careful consideration, since the external datum ἄλυσμόν, usually a sign, a behavioural fact (at least in the other examples discussed here), becomes the object of prognosis, the underlying disturbance; the term is either used metonymically in this case to indicate insanity, or is intended to include the behaviour within the impending pathology.¹⁶⁹

The higher concentration of occurrences in the case of female patients deserves comment. Restlessness and anxiety are treated as typically

¹⁶⁹ The description at *Virg.* 2 (22.25 Lami = 8.468.8–9 L.) has φρίκη ξὺν πυρετῷ ἀναίσσει, after which both manuscripts, M and V, offer an additional word πλανήτ (V) or πλανήτας (M). Lami follows Ermerins in delating the word, while Potter proposes πλανήτης, which would modify φρίκη, ‘πλανήτης shivering with fever assaults her’. On this reading, ‘wandering’ would qualify the pathology not the sufferer, meaning either ‘wandering’, ‘typical of derangement’ or ‘intermittent’. The adjective πλανήτης is found in Aristotle and Galen with the meaning ‘temporary, intermittent’, but in our case could also indicate, via hypallage, a combination with restlessness: φρίκη ξὺν πυρετῷ ἀναίσσει πλανήτης, ‘shivers and wanderings with fever, anxious/deranged/restless trembling with fever’. This would thus be another instance of wandering not only as a sign but as a term for mental disturbance.

feminine in the literary presentation of female ecstatic and orgiastic behaviour (e.g. 'the wanderers', *πλανάται* is epithet for the worshippers of Dionysus at Euripides' *Bacchae* 148: 'wanderers' insofar as they have travelled from Asia to Greece, but also in homage to their dances on the mountains and their status as 'displaced' women and possessed individuals¹⁷⁰). In a gynaecological context, the element is topical. At *Nat. Mul.* 41 (58.5–12 Bourbon = 7.384.17–23 L.), in a case of womb inflammation, the woman suffers trouble breathing and 'is wandering' (*ἀλύει*). *Mul.* 1.8 and 1.11 (8.36.4–5 and 8.44.15 L.) describe period issues that go along with disorders in the mental and emotional sphere. In the first passage, we find *ὀλιγοψυχίη* ... *ἀποσιτίη* ... *ἀγρυπνίη*, as well as *ἀλύκη*, and then subsequently refusal to walk, fear and apparent lack of visual focus. In the second, swelling of the belly and nausea are accompanied by a sense of *ἀλουσμός* that is 'strong', 'severe' (*πουλύς*). At *Mul.* 2.110 (8.234.15–16 L.), in a context with mental implications (bruxism, voicelessness), the patients 'wander as if afflicted by the troubles of labour' (*φοιτέουσαι ὥσπερ ὠδῖνες*); the pangs of labour are assimilated into this model of restlessness, perhaps lending the sign its typical feminine application in our texts.¹⁷¹

More vague terminology of general restlessness and an inability to stay still or restrain oneself are part of the same picture. In *Epid.* 1, case 8 (209.24 Kühlewein = 2.702.18 L.), a patient 'could not restrain himself, could not bear it' (*κατέχειν οὐκ ἐδύνατο*) in combination with madness (*ἐξέμανη*). Such sense of unbearable pain (*οὐ κατέχειν*) is often mentioned in cases of *tetanus* and *opisthotonus*, the other spastic illnesses in our sources, as well as with *epilepsis*,¹⁷² where the suggested association is with spasms and what

¹⁷⁰ See Mattes (1970) 106–8 'das Irren'; O'Brien-Moore (1924) 129–36, 139–49 on Bacchic models.

¹⁷¹ See also *Mul.* 2.120 (8.262.2–4 L.), where in a case of discharges and swollen belly, the patient is affected by bruxism, a sense of weakness, faintness and *ἀλυσμοί*; *Mul.* 2.124 (8.268.1 L.), a case of hysterical suffocation in which the womb attaches itself to the *kardiē*, the patient 'is wandering and in turmoil' (*ἀλησθύει καὶ εἰλέει*), and throws up foamy matter; *Mul.* 2.177 (8.360.2–5 L.), with the presence of air in the womb, agitation (*ἀλύει*); *Mul.* 1.2 (8.16.18–19 L.), amenorrhoea with other mental markers including anxious wandering and throwing herself around: *ἀλύξει τε καὶ ῥίψει ἑωυτὴν ἄλλοτε καὶ ἄλλοτε*, and then again *ἀλύει καὶ ῥίπτει ἑωυτήν*; *Mul.* 1.36 (8.86.6 L.), where lochial problems and the usual mental repertoire (bruxism, faintness, shivering and darkened vision) are accompanied by a feeling of being punctured or pierced (*συγμός*) that returns elsewhere with mental implications, especially in cases of withering and consumption.

¹⁷² *Morb.* 3.13 (80.15–22 Potter = 7.132.18–134.1 L.) offers an exemplary description of *opisthotonus*: '*Opisthotonus* is mainly the same [as *tetanus*], except that the patient is drawn backwards. He sometimes cries out (*βοᾷ ἐνίοτε*), his pains are violent, and sometimes the disease does not allow him to adduct his legs or extend his arms; for the elbows become flexed, and he holds his fingers in a fist, usually enclosing the thumb inside the other digits. The patient cries out and sometimes talks nonsense (*βοᾷ καὶ φλυηρέει ἐνίοτε*); when pain is present, he is unable to restrain himself (*οὐ δύναται ἑωυτὸν κατέχειν*), casting himself about, but when it remits, he is still. Sometimes they

we would call nerve contraction. The same words are also used to indicate general discomfort and inability to hold oneself together and retain control. At *Epid.* 1.26, case 12 (212.22–4 Kühlewein = 2.712.4–5 L.), a man who drank too much could not lie down, οὐδὲ νυκτὰ ἐκοιμήθη ... κατέχειν οὐκ ἐδύνατο; other details of insanity are also present (παρέκρουσεν, παραλήρει). At *Epid.* 3.17, case 11 (241.14 Kühlewein = 3.134.13 L.), we again find κατέχειν οὐκ ἐδύνατο, with further mental aspects (παρέλεγεν). The second relevant unspecified term is δυσφορέω, 'to be unwell, to be uneasy'. In *Epid.* 3, case 3 (217.7 Kühlewein = 3.40.6 L.), we find ὑπεκαροῦτο, ἐδυσφορεῖ, in a case that clearly develops into insanity (παρέκρουσε). In *Epid.* 5.95 (42.3–14 Jouanna = 5.254.18–256.5 L.), a man hit in the head by a catapult laughs raucously and is δύσφορος during the night (see *Epid.* 7.121; see 116.17–117.9 Jouanna = 5.466.14–23 L. for more details of this case).¹⁷³ At *Epid.* 5.62 (28.6–8 Jouanna = 5.242.4–5 L.; cf. 7.31, 70.14–71.1 Jouanna = 5.400.19–20 L.), a man struck in the liver by a javelin suffers from 'discomfort with wandering' (ἄλυσμός, δυσφορίη). And most explicitly, at *Coac.* 69 (120.13–14 Potter = 5.598.17–18 L.), δυσφορίαί announce *phrenitis* and death (δυσφορίαί φρενιτικάί τε καὶ ὀλέθριοι).

I have already noted that the topics of wandering, anxiety and restlessness have a tradition outside the medical field in the familiar stories of insane 'wanderers', as well as in the imagery of possessed individuals or groups, such as most notably the maenads. Mattes analyses and reviews these instances in considerable detail;¹⁷⁴ I offer only a few examples for comparison. The most famous is Bellerophon in *Il.* 6.200–2, already recognised in antiquity as an archetypal madman. After much toil, having overcome many evils, the hero finally marries and has children. The day comes, however, when he meets the 'hatred of all gods' for some unspecified reason

may also become speechless during an attack, at the same time being seized by some sort of rage or melancholy (ἀλισκόμενοι ἢ μανικοί τι ἢ μελαγχολικοί); such patients generally die on the third day after becoming speechless.

¹⁷³ Moreover, the patient at *Epid.* 3.17, case 10 (240.15 Kühlewein = 3.130.9–10 L.), also 'was feeling discomfort' (ὑπεδύσφορει), with one of these compounds with a scaling prefix (ὑπο-) that suggests the technical nature of the term; at *Epid.* 1.26, case 8 (209.22–4 Kühlewein = 2.702.16–18 L.), φόβος, δυσφορίη and later κατέχειν οὐκ ἐδύνατο are found together with explicit insanity (πολλὰ παρέκρουσε, ἐξέμανη). At *Epid.* 1, case 13 (213.13 Kühlewein = 2.714.2–3 L.), the patient is registered as δύσφορος during the night, with delirium, παρελήρει πάντα; at *Epid.* 3.17, case 2 (234.3–235.6 Kühlewein = 3.108.5–112.13 L.), in another explicitly mental case, there is lack of appetite, despondency, disturbed sleep, anger and δυσφορίαί. At *Epid.* 3.17, case 13 (242.27 Kühlewein = 3.140.2 L.), πολλὰ δυσφορίη is used again as part of a general portrayal or mental condition (παρέλεγε, παρενόησεν, etc.); at *Epid.* 6.8.30 (192.1–9 Manetti–Roselli = 5.354.10–18 L.), δυσφορία is experienced after a trauma to the head, whereby the patient παρέκρουσεν just before death.

¹⁷⁴ Mattes (1970) 63–8; Ciani (1983) 34 n. 35, giving references to Radermacher (1938) and Brelich (1978) 299–300 for the portrayal of the 'eroe folle e vagante'.

(although other mythological accounts mention Bellerophon's *hybris*, his desire to fly up to Olympus riding the winged horse Pegasus¹⁷⁵):

But when he became hated by all the gods,
then he was wandering alone around the Aleian plain,
biting his own heart and avoiding the paths of man.

ἀλλ' ὅτε δὴ καὶ κείνος ἀπήχθετο πᾶσι θεοῖσιν,
ἦτοι ὁ κάπ πεδίον τὸ Ἀλήϊον οἶος ἄλᾳτο,
ὄν θυμὸν κατέδων, πάτον ἀνθρώπων ἀλεείνων

In this account, aimless wandering typifies the insanity of the hero, who shrinks from contact with men, consuming himself with his worries and negative emotions (ὄν θυμὸν κατέδων, 'eating his own heart', is the precise image used). Bellerophon '*wanders through the plain of wandering*', an etymological play that conveys precisely his sense of helpless agitation (πεδίον τὸ Ἀλήϊον ... ἄλᾳτο). The insanity of Bellerophon later becomes topical in Greek literature, so that *Problemata* 30.1 (Mayhew II.276–278.21–3 = 953a21–3), discussing the consequence of black bile, comments: 'Furthermore, there are the stories about Ajax and Bellerophon, of whom the former went completely insane, while the latter sought deserted places, which is why Homer wrote (of him) in this way' (ἔτι δὲ τὰ περὶ Αἴαντα καὶ Βελλεροφόντην, ὧν ὁ μὲν ἐκστατικὸς ἐγένετο παντελῶς, ὁ δὲ τὰς ἐρημίας ἐδίωκεν, διὸ οὕτως ἐποίησεν Ὅμηρος).¹⁷⁶ Insanity is a form of wandering, not only wandering as an image of an erratic mind and disordered anxious thoughts, but as pathological behaviour towards other human beings, a tendency to seek isolation and move randomly, without purpose.

Another mythological wanderer is Io, the maiden turned into a cow by the jealousy of Hera and forced to wander the earth, urged on by the sting of a gadfly. Io is qualified repeatedly and explicitly in ancient texts as 'insane'. In the Aeschlean representations (in *Supplices* and *Prometheus Bound*), however, the reader is left to wonder what her insanity consists of, since she does not appear to be suffering from a mental illness nor is her reasoning compromised. She describes her own state as 'distorted wits' (φρένες διαστροφεῖς, *PV* 673) – a contradiction in terms, since she is lucidly aware of her own διαστροφή.¹⁷⁷ What is certain is that no clear-cut cognitive impairment or emotional disorder is foregrounded in the

¹⁷⁵ Cf. Pi. *Isth.* 7.44. For more on Bellerophon, see Pi. *Ol.* 13.91, where after enumerating his triumphs, the poet adds ominously, 'I shall keep silent about his destiny' (διασωπάσομαι οἱ μόρον ἐγώ).

¹⁷⁶ On Bellerophon as 'sanguinische Melankoliker' in the Greek tradition, see Rütten (1992) 57–61.

¹⁷⁷ On this line, see Sansone (1975) 75–6.

representation of Io when she enters the scene at *PV* 562. Her insanity is entirely dominated by the motif of the οἷστρος, the urging goad, and by the theme of running and wandering. Here too, as with Bellerophon, we have a mythological, literal and geographical wandering that matches the wandering of the mind. Io's hallucinations, visual and auditory,¹⁷⁸ are real facts, as is her transformation into livestock; these are not the illusions of a deluded mind. She even contemplates her own state with lucidity, as if she were talking about a third person (*PV* 580, addressing Zeus, οἷστροηλάτῳ δὲ δείματι δειλαίαν παράκοπον ὧδε τείρεις; 'are you thus harassing a wretched maiden to frenzy by terror of the pursuing gadfly?'). Io's insanity, so to speak, *is* her wandering, with no antecedent or prior underlying cause, offered whole as spectacle. I suggest that this same externalised, objectified representation of the mental, especially overt in a myth of metamorphosis such as that of Io, plays a role in the semiotics of insanity in the medical texts as well, where there are instances in which wandering seems to be synonymous with derangement rather than one of its signs. Consider the description of the maiden's crisis at *PV* 877–86:

Oh! Oh! Alas!

Once again pain that corrodes and frenzy that strikes the mind
dissolves me. I am stung by the gadfly's barb, a spur that fire did not forge.

My *kradia* kicks against my *phrên* in terror;
my eyes roll wildly round and round.

I am carried off my course by a fierce blast
of madness, I've lost mastery over my tongue.

A stream of turbid words beats recklessly
against the billows of dark destruction.¹⁷⁹

ἐλελεῦ, ἐλελεῦ,

ὑπό μ' αὖ σφάκελος καὶ φρενοπληγεῖς

μανίαί θάλπτουσ', οἷστρου δ' ἄρδεις

χρίει μ' ἄπυρος

κραδία δὲ φόβῳ φρένα λακτίζει,

τροχοδινεῖται δ' ὄμμαθ' ἐλίγδην,

ἔξω δὲ δρόμου φέρομαι λύσσης

πνεύματι μάργῳ, γλώσσης ἀκρατῆς

θολεροῖ δὲ λόγοι παίουσ' εἰκῇ

στυγνῆς πρὸς κύμασιν ἄτης.

¹⁷⁸ The hundred-eyed guardian who follows her, *PV* 568: 'I am frightened when I behold the myriad-eyed herdsman' (φοβοῦμαι, τὸν μυριωπὸν εἰσορῶσα βούταν), and the sound of the pan pipe that leads her on, at *PV* 574–5, 'the waxen pipe drones forth in accompaniment a clear-sounding, slumberous strain' (ὑπὸ δὲ κηρόπλαστος ὀτοβεῖ δόναξ ἀχέτας ὑπνοδόταν νόμον).

¹⁷⁹ Translation by Smyth (1926) with modifications.

Here divine will, destiny, physical appearance and derangement are inseparable, and the wandering is only the most visible and concrete level of the experience. The power of this representation, however, is active in the medical references we have seen as well. Io wanders in an endless flight, travelling across the earth. But her body too is upset by whirling movements, her *kradia* kicking inside her chest, her eyes rolling in their sockets and her mind doing the same.¹⁸⁰

2.4.4 Tremors and Shivering

Tremors and shivering also play a role in the visible portrayal of mental health as restless anxiety. This sign is widely present, but only some of the occurrences need to be considered here. Tremors can in fact appear in a variety of physiological affections, such as fevers and overheating of the body. Relevant terms are φρίξ (φρίκη, φρίκος, φρικώδης and φρίσσω¹⁸¹), ‘chills’ or ‘rigours’,¹⁸² as well as τρομοί, ‘tremors’ (and the litotes οὐκ ἀτρεμαῖος, οὐκ ἀτρεμίζω). Precision can never be taken for granted with these data; sometimes tremors seem to indicate disorderly behaviour as opposed to quiet, motionless derangement. At *Epid.* 3.17, case 16 (245.2–3 Kühlewein = 3.146.15–148.1 L.), for example, a youth in Meliboea was deranged (παρέκρουσεν) ‘without tremors, indeed in an orderly and silent manner (ἀτρεμέως, ἦν δὲ κόσμιός τε καὶ σιγῶν)’, as if the phenomenon were commensurable with a generally composed attitude of composure, including a lack of screaming or the like. Likewise at *Morb. Sacr.* 15 (27.9–10 Jouanna = 6.388.15–16 L.), patients who are driven insane by bile, οἱ ... ὑπὸ χολῆς (μαινόμενοι), are described as, ‘behaving badly and trembling ... always doing something inappropriate’ (κακοῦργοι καὶ οὐκ ἀτρεμαῖοι

¹⁸⁰ See furthermore Ciani (1983) 30 on the topos of madness, wandering and journeying in tragedy. Ciani quotes Oedipus’ ψυχῆς πλάνημα καὶ ἀνακίνησις φρενῶν for the angst he feels at the death of Jocasta (*OT* 727), and adds references to *OC* 3, 124, 444, 745–6, 1363 for the development of the figure of Oedipus into a wanderer in the aftermath of the blinding. The influence of this image, anxiety as a ‘wandering of the soul’, may assist interpretation of *Epid.* 6.5.5 (110.4 Manetti–Roselli = 5.316.8–9 L.), ψυχῆς περίπατος, φροντίς ἀνθρώποισιν (on which see below, pp. 358, 405).

¹⁸¹ The importance of tremor as a sign in association with mental pathology can be further interpreted in light of the significance ‘shudders’ have in Greek culture generally. Cairns (2014a) explores φρίξ and related terms and phenomena as tokens of emotional experience, focusing on fear, awe, religious practices and solemnity as areas of implication. The wealth of material he analyses makes it clear that the phenomenon is strongly associated in the Greek imagination with intense emotional unbalance, both as an observed external sign and as metonymy pointing towards a range of emotions. In our texts, tremors and shivering have no association with emotional turmoil in the specific, but often accompany mental distress.

¹⁸² See *Flat.* 8 (112.11–115.8 Jouanna = 6.100.13–104.3 L.) for a theory of φρίξ as due to pathological movement of blood through the body, with accumulation in the most heated parts.

... αἰεὶ τι ἄκαιρον δρῶντες); tremors are consistent with bad behaviour and a general lack of propriety.

At *Epid.* 7.32 (71.7–8 Jouanna = 5.402.3–4 L.) and 5.60 (27.5–6 Jouanna = 5.240.10–11 L.), the man struck in the head by a stone thrown by the Macedonian ‘could not hear anything nor reason; nor was he free from tremors’ (ἤκουεν οὐδὲν οὐδὲ ἐφρόνει· οὐδ’ ἠτρεμίζεν). Here the connection is between tremors and sensory and cognitive impairment following injury to the head. Similarly at *Epid.* 7.33 (72.4 Jouanna = 5.402.10–11 L.) and 5.61 (28.2 Jouanna = 5.242.1 L.), a man hit in the back by a javelin dies after five days, showing the same restlessness with tremors (ἄτρεμειν οὐκ ἄδύνατο). In the case of Chartades, described at *Epid.* 7.10 (58.13–14 Jouanna = 5.382.7 L.), along with delirium and distress we find that he was ‘never able to keep from trembling’ (οὐδένα χρόνον ἄτρεμίζειν δυνάτος ἦν), with ἄτρεμίζω perhaps referring more generally to a lack of anxious movement or restlessness.

The topic of tremors in relation to the soul is expanded on at *Hum.* 9 (168.8–10 Overwien = 5.490.2–4 L.) under the heading ψυχῆς, ‘(facts) about the soul’. Here τρεμειν of legs or hands is mentioned as a bodily fact that occurs when the mind is troubled:

how the body behaves: ... the legs shake when one walks beside a precipice, and when one lifts a load one should not lift, one’s hands shake.¹⁸³

οἷα τὰ σώματα ... παρά τε κρημνὸν παριόντι σκέλεα τρέμει, ὅταν τε τῆσι χερσὶ τις, ὧν μὴ δεῖται, αἶρη, αὐτὰ τρέμουσιν.

Tremor and shaking also have a metaphorical application. At *Aer.* 16 (228.6–8 Jouanna = 2.64.4 L.), changes, αἱ μεταβολαί, are described as always arousing the mind (ἐγείρουσαι τὴν γνώμην), not leaving it in peace, literally not leaving the mind ‘free from tremors’ (οὐκ ἔωσαι ἄτρεμίζειν). The metonymic transference Cairns describes with reference to φρίξ and the emotions it qualifies is clearly illustrated here; trembling, shaking and shivering are signs of general disturbance that can affect the body as a whole, usually the limbs, and that often accompany insanity. But even the γνώμη, the mind or seat of the cognitive functions, can be affected by shaking, although not in a concrete sense (unlike the hands or head).¹⁸⁴

¹⁸³ On this passage, see the comments of Galen at *Mot. Dub.* 156.27–8; 158.1–6 Nutton, describing the phenomenon as a matter of ‘sympathetic affections passed on to the body’ (*compassiones corporis adinvicem*).

¹⁸⁴ As with πλανήτης (see p. 157 n. 149), ἄτρεμίζω is used for a kind of disease as well as an individual, for a νοστήμα that ‘settles in one place’, as at *Loc. Hom.* 4 (42.10 Craik = 6.284.6–7 L. νόστημα ... ἄτρεμίζει ἐν τῷ αὐτῷ).

One is reminded here of the motif of wandering as endless movement or travelling in space *as well as* of the erratic mind seen with Bellerophon and Io. The two levels, literal and imagery, are not clearly separable and expose the common ground between scientific attempts to describe the phenomena observed and received traditional imagery.¹⁸⁵

2.4.5 *Pathological and Disjointed Postures*

Finally, the body is not only observed in relation to mental life in its motions and behaviours, but also offers much to interpretation when it remains motionless. Posture can thus reveal the patient's overall state *vis-à-vis* mental health. At *Hum.* 4 (162.1–8 Overwien = 5.480.13–482.5 L.), in one of the lists of 'things to observe', we find, in this order, 'hardening ... of the voice, of the mind. *Voluntary posture*' (σκληρυσμός ... φωνῆς, γνώμης. σχῆμα ἐκούσιον) and again later, 'if the patient easily bears ... smells, conversations, clothes, postures *and such things*' (ὀδμάς, λόγους, εἴματα, σχήματα, τοιαῦτα). The posture one assumes and especially *chooses* to assume (ἐκούσιον) is categorised alongside other aspects of behaviour such as talk, one's relationship with clothing and covering oneself (ἱμάτια), and finally φωνῆς and γνώμης.¹⁸⁶

Lying on one's stomach appears to be a bad sign that can have mental relevance, as is clearly expressed at *Prog.* 3 (11.3–5 Jouanna = 2.120.4–6 L.): 'to lie on one's stomach, when it is not a matter of habit for the person to lie so when healthy, signals some form of delirium' (ἐπὶ γαστέρα δὲ κεῖσθαι, ᾧ μὴ ξύνηθές ἐστι καὶ ὑγιαίνοντι οὕτω κοιμᾶσθαι, παραφροσύνην τινὰ σημαίνει).¹⁸⁷ Patient cases confirm the general idea of belly ache as perhaps associated with mental illness. At *Epid.* 7.121 (116.17–19 Jouanna = 5.466.13–14 L.),

¹⁸⁵ Cairns (2014a) 88, 104–5, in his discussion of 'shuddering' (φρίξ), explores the shifts from the physiological to the metaphorical meaning in terms of semiotic embodiment, following Lakoff and Johnson's reconstruction of linguistic uses as reflecting a deeper metaphorical transference that reflects our experiences as embodied beings (1980). The idea of a 'lack of tremor' as signifying calm, health and soundness is an obvious case of these embodied metaphors.

¹⁸⁶ *Probl.* 6 (Mayhew I.220.13 = 885b13) is also devoted to problems connected with 'the manner of lying down and assuming a position' (ἐκ τοῦ πῶς κεῖσθαι and ἐσχηματίζεσθαι), including aspects of constitution, digestion and breathing, but also sleep (5, 7) and numbness, νάρκωσις (6).

¹⁸⁷ As well as *Coac.* 487 (226.8–10 Potter = 5.694.12–14 L.): 'to lie on one's belly in those who are not accustomed to do so indicates insanity and pains around the cavity' (τὸ ἐπὶ γαστέρα κεῖσθαι οἷσι μὴ σύνηθες, παραφροσύνην σημαίνει καὶ πόνους περὶ κοιλίην). Mental health and the belly constitute an important nexus; see below p. 197, n. 60 for more details regarding the later melancholic association between the gastric area and mental disturbance. Cf. also *Coac.* 76 (122.1–3 Potter = 5.600.7–9 L.), 'pains in their calves [among phrenitic patients with trembling, delirium and groping hands] lead to a disturbance of the mind' (οἱ κατὰ γαστροκνημὴν πόνοι ἐν τούτοις, γνώμης παράφοροι).

Tychon, the man hit by a catapult, whose wound had perhaps not been properly cleaned, displayed mental behaviour from the very start, with non-sensical laughter. As the end approaches, he was 'distressed in the night and troubled in sleep' (νύκτα δύσφορος, ἄγρυπνος), and just before death he was 'lying on his belly for the most part' (ἐπὶ γαστέρα τὰ πούλλὰ κλινόμενος). The agent of the illness is here traumatic, so stomach disease cannot be mentioned as an explanation in association with the prone posture, which is an independent sign of discomfort concomitant with mental distress.

The opposite sign, lying on one's back, may signal a positive outcome instead; contrast the preceding cases with *Epid.* 7.75 (93.13–94.4 Jouanna = 5.434.9–15 L.) and 5.55 (25.6–13 Jouanna = 5.238.11–16 L.), the girl who fell from the cliff. She is ἄφωνος from the start and has rapid breathing of the pre-agonic kind; she nonetheless survives. We are told that her posture is supine (κλισίη ὑπτίη). The same detail appears at *Epid.* 7.80 (95.15–96.10 Jouanna = 5.436.4–16 L.), a case of *phrenitis* in which posture is described in detail. (More below on this patient, Nicoxenus.) He also survives and adopts a κλισίη ὑπτίη.

With changing circumstances, however, a supine position can be less good. In the fatal (and very long) case of the wife of Theodorus, *Epid.* 7.25 (66.5–13 Jouanna = 5.394.8–15 L.), κλισίη ὑπτίη is found, but is perhaps explained by the 'terrible pain in her chest' (ὀδύνη κατὰ στήθος δεινή), and her abdominal disturbance, a heaviness (βάρος) 'as from the womb' (ὥς ἀπὸ ὑστερέων) which caused her to 'turn with difficulty' (ἐπιστρέφεσθαι χαλεπῶς). Both postures can bring danger, depending on other factors, as is evident in the same *Prog.* 3 (10.2–9 Jouanna = 2.118.12–120.2 L.): 'to lie on the back (ὑπτίον δὲ κεῖσθαι), with the arms and the legs extended (τὰ σκέλεα ἐκτεταμένα ἔχοντα), is less good. And if the patient should actually bend forward (προπετής γένοιτο) and sink footwards away from the bed, the posture should arouse more fear than the previous one. And if the patient should be found ... with arms and legs flung about anyhow (ἄνωμάλως διερριμμένα) and naked,¹⁸⁸ it is a bad sign, since it signifies wandering (ἄλυσμόν γὰρ σημαίνει).'

¹⁸⁸ The element of nakedness, perhaps a general indicator of the loss of propriety that comes with insanity, may have been conventional, casting light on a scene from Plautus' *Menaechmi* 909–11 in which a doctor of doubtful competence assesses the 'insanity' of Menaechmus. The passage may be lifted from the earlier Greek model and reflects in any case widespread beliefs about what the 'token signs' of insanity are: 'Hello, Menaechmus. May I ask you, why do you bare your arm? Don't you know how harmful this is for your disease?' (*Salvos sis, Menaechme. Quaeso, cur apertas brachium? Non tu scis quantum isti morbo nunc tuo facias mali?*). Baring the arm, both as inconsiderate movement and as a culturally inappropriate exposure of the body, signals mental disturbance. (Most translators interpret *apertas* as 'bare'; here it could also mean 'spread, stretch' the arm, as

This final sign takes us back to the initial strong statement in this chapter regarding visualising the body as a way of engaging with the mental state of the patient. Sometimes the composition, the way the body as a whole is controlled, stands out as mental sign. This look cast on the body as an overall harmonic composition explains the attention paid to aspects of paralysis, coordination of the limbs, disjointsures, faintness and a lack of tone as signs of diminished health and mental disturbance. The state of the body as a whole as capable of movement, tone and posture, in fact, contributes to the image of the insane. At *Int.Aff.* 48 (232.20–1 Potter = 7.286.3–4 L.), just after the hallucinations of the patient suffering from a ‘thick disease’ have been described, we learn that ‘if he does stand up, he cannot lift his legs, but falls down’ (ἢν ἀναστῇ, οὐ δύναται ἀεῖρειν τὰ σκέλεα, ἀλλὰ καταπίπτει). Consider again *Epid.* 4.45 (128.19–21 Smith = 5.184.16–188.6 L.), where two cases are analysed as sharing some mental aspects, and general observations on patterns of pathological progressions are made. Smith describes this section as ‘confusing ... with some thematic threads ... complexion in relation to types of disease, delirium and consistency of excrement as predictors of crises, symptoms of the *hypochondria* in relation to delirium’.¹⁸⁹ Both named patients in the passage display mental disturbance; the second is the man of Lower Mosades, who as the crisis approaches displays ‘loss of faculties, loss of strength, collapse’ (in Smith’s translation of διάλυσις, πάρεσις and συμπτώσις). Then he becomes ‘comatose, deranged after [or “shaken out of”] sleep, but *not* prey to *mania*’ – a significant exception (κωματώδης, παραφερόμενος ἐξ ὕπνου, οὐκ ἐξέμνη). διάλυσις, πάρεσις and συμπτώσις are difficult terms to translate. They have in common an attention to coordination, to the appropriate fitting of the body parts to one another. The first, διάλυσις (on which more below), signals a lack of coordination, of a joining centre connecting the limbs; the second, πάρεσις, signals a ‘letting go’ (from παρήμι) and a slackening; the third, συμπτώσις, is morphologically symmetrical to διάλυσις and indicates the ‘collapsing together’ of the body as a whole, which we may perhaps picture as the disorderly conglomerate of limbs in a patient crouching down in a foetal position. All this ‘as he was approaching the crisis’ (πρὸς κρίσιν μάλιστα ἰόντι) in a patient about whom we read at the end that he (and another) were ‘delirious in sleep’ (ἐν τοῖσι ὕπνοισι καταφερόμενοι).¹⁹⁰

Menaechmus is agitated and gesticulates; in this case, one might compare the throbbing vessel in the arm of mentally disturbed person, on which see p. 151 n. 157.)

¹⁸⁹ Smith’s edition (1994) 129 *ad loc.* The singular and plural of verbs alternates for no clear reason, making it difficult to distinguish between patients or groups of patients.

¹⁹⁰ On this expression, see Chapter 2, p. 182. ἄφεσις is also used in a relevant way at *Epid.* 3.3 (227.6–7 Kühlewein = 3.82.2–3 L.), where forms of paroxysm are accompanied by λήθη καὶ ἄφεσις καὶ ἀφωνία, ‘forgetfulness, “letting go” and lack of speech’.

So too the 'drawing her body together' (ξυνάγειν τὸ σῶμα), of the wife of Hermoptolemus (*Epid.* 7.11, 61.12–13 Jouanna = 5.386.13 L.), as she covers herself up in her distress, appears to be a voluntary separation from the world and communicates mental distress.¹⁹¹

At *Epid.* 6.1.15 (18.1–4 Manetti–Roselli = 5.274.10–276.2 L.), an ἔρριψις is indicated as a bad sign, in a passage in which postures are discussed: 'stretching of the body and hardening of the joints, bad. The joint itself being loosened, bad. Breakings of the joints, bad. Boldness of the eye, shows delirium. ἔρριψις καὶ κατὰκλασις, bad' (αἱ ξυντάσεις τοῦ σώματος καὶ οἱ σκληρυσμοὶ τῶν ἄρθρων, κακόν· καὶ αὐτὸς διαλελυμένος, κακόν· καὶ αἱ κατακλάσεις τῶν ἄρθρων, κακαί. ὁμματος θράσος, παρακρουστικόν· καὶ ἔρριψις καὶ κατὰκλασις, κακόν). The first term can be interpreted etymologically as a form of restlessness, like the ῥιπτασμός already discussed, or as a kind of disjuncture and lack of tone, as opposed to 'stiffness' (κατὰκλασις), which is very much in the spirit of the whole paragraph and thus seems more likely.¹⁹²

An illustrative word for healthy bodily posture, on the other hand, is ἰδρύσις. This is established in the fifth century as an architectural term and is adopted as a neologism by the Hippocratic authors to signify composure, the state of good order of the body conceived as a construction, a building, so to speak. This represents a general statement of recovered mental health. The verb ἰδρύω, which can generally mean 'be in good order',¹⁹³

¹⁹¹ This point is reinforced as the case progresses: on the seventeenth day 'towards night she *drew herself together*, as if she had the shivers' (ὡς φρίκης αὐτῇ γενομένης, ξυνάγουσα, 61.12–13 Jouanna = 5.386.13 L.).

¹⁹² ἔρριψις (which derives from ἔρριπτω, 'throw in', but remains of difficult interpretation; perhaps 'crouching') can also be translated 'consumption' or perhaps 'lying prostrate' (as van der Eijk in his edition of Diocles, 2000–1, Vol. II, 159–60). Smith translates 'both restlessness and drooping are bad'. Manetti–Roselli think of the quality of the gaze, which is less convincing: 'la instabilità e la spossatezza dello sguardo'; this follows Galen, who at *Comm. Hipp. Epid.* VI, 31, 59.22–3 Wenkebach-Pfaff = XVIIa.895 K. understands ἔρριψις in light of the immediately preceding comments regarding the bold glance (see p. 93 n. 36 above): 'thrown back glances' (ἡ δὲ ῥίσις τῶν ὀμμάτων ἐναντίον) may accompany the bold glance (σύμπτωμά ἐστι τῷ θρασεῖ βλέμματι) (my translation). The term also appears at *Hum.* 4, ἔρειψιν (160.19 Overwien = 5.480.9 L.) with no clarifying context; interestingly, the author of the pseudo-Galenic commentary on *De Humoribus* (XVI.196–8 K., Diocles fr. 77 van der Eijk) criticises 'the ancient and modern interpreters of Hippocrates', including Diocles and Asclepiades, for misunderstanding the word and attributing to it a meaning that is *not physical* (σωματικόν) but *mental* (τῆς διανοίας καὶ ψυχικόν); this statement offers more evidence for a mental colouring in the role of posture (or the glance) in early medical thinkers.

¹⁹³ Used most frequently in *On Fractures* and *The Art*, in reference to limbs, but also for less explicitly structural aspects of health, such as healthy urine (*Epid.* 3.17, case 6; *Epid.* 7.60, 87.15 Jouanna = 5.426.8 L.; *Epid.* 3.1, case 2, 8; *Epid.* 1.3.13), fluids (*Epid.* 5.64, 29.8 Jouanna = 5.242.16 L.), and at *Epid.* 6.2.6 for φλέβες; used for the establishment of a disease as a stable presence, as at *Epid.* 4.13 (94.11–12 Smith = 5.150.20 L.), ὑπὸ τεταρταίου ἀλισκόμενος, τυφώδης, ἰδρύθη and *Epid.* 6.7.1 (146.28–9 Manetti–Roselli = 5.334.6–7 L.), τὰ δὲ νυκταλωπικὰ ἰδρύετο, or the establishment of

in fact appears repeatedly with mental connotations or more generally to indicate mental soundness as opposed to distress and derangement. At *Epid.* 3.17, case 15 (244.13 Kühlewein = 3.146.2 L.), πάλιν ἰδρύνθη is used twice, after πολλά παρέλεγε and later after λόγοι πουλλοί, to indicate the restoration of mental health. At *Prorrh.* 1.20 (77.9 Polack = 5.516.2 L.), the expression οὐχ ἰδρυμένης γνώμης is explicitly mental, ‘of unsound/disorganised mind’.¹⁹⁴ The term is used in the same sense at *Epid.* 3.17, case 13 (242.23 Kühlewein = 3.138.13 L.), in Apollonius’ case, which has several mental aspects documented in detail and a manic peak (ἐξεμάνη).¹⁹⁵ In one of his recovery phases, just after an aggressive crisis marked by shouting and much distress, we find πάλιν ἰδρυσις, ‘again composure’, which may indicate, non-specifically, both control over the body and soundness of mind.¹⁹⁶

A similar idea of body–mind order and control is active in the verb καταρτάω, literally ‘be suspended, be tightened, adjusted’. Consider *Epid.* 1, case 8 (209.22–3 Kühlewein = 2.702.1516 L.): ‘fear, distress. Early on the fifth day he was again composed; he was entirely sound of mind’ (φόβος, δυσφορία, πέμπτη πρωὶ κατήρητο· κατενόει πάντα). The instance here is entirely one of mental pathology, but what is meant is a general composure similar to what underlies ἰδρύσις, a general idea of structural compactness and stability. Such soundness of the individual *as a whole* appears to be intrinsically a mental quality. We may see this as part of a broader concept of appropriateness and decorum, explicit also in the quality of being κοσμίος or behaving κοσμίως referred to elsewhere.¹⁹⁷ In its association with pathological behaviour, however, the idea evokes the general concept of bodily propriety and self-control that is part of the Greek idea of dignity and well-being.¹⁹⁸

pain, as at *Prorrh.* 1, 70.2, ὁδύνη ἐς στήθος ἰδρυνθεῖσα σύν νωθρότητι, κακόν. In *Hum.* 2 (160.4–5 Overwien = 5.478.8 L.), παλινίδρυσις is among a group of ‘skeletal’ (on our anatomical terminology) qualities: σχήματα, κινήσεις, μετεωρισμός, παλινίδρυσις.

¹⁹⁴ I thank A. Roselli for her suggestions regarding this passage. Galen explains the term as referring to the head as *locus affectus*: ‘whenever Hippocrates wants to indicate the state of the head’ he uses [this] expression (τὴν ἐν τῇ κεφαλῇ διάθεσιν ... οὐχ ἰδρυμένην γνώμην ὠνόμασεν), *Comm. Hipp. Prorrh.* 1, 1.20, 36.11–13 Diels = XVI.556 K.

¹⁹⁵ See Thumiger (2015a) 225.

¹⁹⁶ Compare *Il.* 3.220, αἶδρει φωτὶ is the witless man, someone of limited intellectual abilities (exactly what Odysseus appears to be, but is not), based precisely on the looks and bodily movements of the hero, who appears far from charismatic until he begins speaking.

¹⁹⁷ E.g., with reference to patients’ propriety and manners, at *Prorrh.* 1.44 (80.8–9 Polack = 5.522.6–7 L.); see also *Vict.* 1.29 (146.8–9 Joly-Byl = 6.504.4 L.), where κοσμίος and θρασύτερος are used to qualify boldness and modesty in female offspring, depending on the prevalence of the female or male secretion in the generative process.

¹⁹⁸ See also *Epid.* 4.17 (5.154.15 L.), another patient who is said to be ‘delirious, (but) in a decorous way’ (with Potter), κοσμίως παρέκρουσε, or *Epid.* 4.55 (138.1–2 Smith = 5.194.12 L.), again ‘he was

At the negative end of the spectrum, derivatives or compounds of λύω are used to refer to limb disjointure and lack of control. ἐκλύσις is very frequent, usually translated ‘disorientation, faintness, weakness’, so with reference to an underlying condition or to the visual aspect of a body with disjointed and slack limbs.

Consider Nicoxenus at *Epid.* 7.80 (95.15–19 Jouanna = 5.436.4–7 L.). We are led to identify him as a case of *phrenitis* by analogy with the preceding patient, to whom he is explicitly compared (ὁμοίως). Nicoxenus has fever and ‘dreadful disorganisation of the body’ (ἐκλυσις σώματος δεινῆ), as well as a pathological voice and troubled sleep. The term ἐκλυσις seems to allude here to a sense of faintness and powerlessness, as opposed to controlled coordination of the limbs, and in fact we read later on that ‘he lay on his back, legs spread out as a result of disorientation’ (κλίσις ὑπτίη, σκελέα διηνοιγμένα διὰ τὴν ἐκλυσιν). In this respect, the aphorism at *Aph.* 7.8 (461.9–10 Magd. = 4.480.2–3 L.) differentiates between ἐκλυσις and λειποψυχία (‘faintness, state of diminished consciousness’): ‘the internal rupture of an abscess results in bodily disorganisation [reduced to “prostration” in Jones’ translation], vomiting and fainting’ (ἐπὶ φύματος ἔσω ῥήξει ἐκλυσις, ἔμετος, καὶ λειποψυχίη γίνεται). *Prorrh.* 1.24 (77.14 Polack = 5.516.6–7 L.) also reinforces the visual aspect as opposed to an interpretation as ‘faintness’; the claim that ‘cases of *aphonia* with ἐκλύσις are bad’ (αἱ μετ’ ἐκλύσιος ἀφωνίαι κάκιστον) points to a meaning of ἐκλυσις that includes the patient’s consciousness. Similarly at *Prorrh.* 1.96 (87.7–8 Polack = 5.536.3–4 L.), *aphonia* with ‘cataleptic’ ἐκλύσις is fatal (αἱ μετὰ ἐκλύσιος κατόχως ἀφωνίαι ὀλέθριοι).¹⁹⁹ At *Epid.* 7.43 (78.3–4 Jouanna = 5.410.11–12 L.), in the case of Andreas, who had fever and insanity (παράληρησις), the patient is described as ἄγρυπνος, ἀσώδης and ἐκλελυμένος, κεκλασμένος, ‘uncoordinated, helpless’.

delirious in a decorous way’ (‘inoffensive’ with Smith, παρένηχθη κοσμίως); *Epid.* 7. 84 (100.1–2 Jouanna = 5.442.14 L.), where it is said of the patient that ‘his voice was broken; he was heavy in his movements (ἐν τῇσιν ἐπιστροφῇ βαρύς), his eyes hollow, the skin of his forehead tight. Otherwise (ἄλλως) he breathed easily and was composed (κόσμιος).’

¹⁹⁹ κατόχως (κάτοχος) is usually translated ‘cataleptic, relative to possession, causing fixed posture’, or even ‘continuous’, thus with both the ideas of ‘getting hold of, attack’ and of fixity or immobilisation. The word occurs less than ten times in the Hippocratic texts, twice with παρακρούω, then with *aphonia*, spasm and in a context with appearances shared with our group of signs of mental disturbance. The connection between *aphonia* and ἐκλύσις seems to be conventional, appearing also at *Coac.* 196 (150.8–11 Potter = 5.626.12–15 L.), 240 (160.26 Potter = 5.636.13 L.), 245 (162.6 Potter = 5.636.17–18 L.), 251 (162.18–23 Potter = 5.638.6–10 L.); at *Coac.* 535 (240.3–6 Potter = 5.706.11–13 L.) νάρκωδες ἐκλύσιες are παρακρουστικάι.

Compound terms from the root λυ- are common in Greek and have to do with the sphere of the emotions and control over one's body.²⁰⁰ λύω and its derivatives appeared in many of the terms analysed above. These gravitate around the semantic ideas of freeing and deliverance; ceasing and loosening; dissolving and melting. All three ideas, but especially the final two, are activated in medical terminology but have a traditional background. The god Dionysus, for example, is referred to with the epithet 'Lysios' in his capacity as bearer of ecstasy, dancing and euphoric abandonment, and thus generally speaking in reference to his interference with the mental sphere. This 'liberation' and 'loosening' has to do with both the emotions and cognition of the individual, which are heightened and somehow 'set free', and with his or her physical movements. The dance of the maenads in *Bacchae* 454–6 is a brilliant representation of this:

[the Bacchantes], freed and set loose, leap
to the pastures, calling out to their god, Bromios.

φρουδαί γ' ἐκεῖναι λελυμένοι πρὸς ὀργάδας
σκιρτῶσι Βρόμιον ἀνακαλοῦμεναι θεόν.

The adjective λυσιμελής, 'limb-relaxing', is the best example of a traditional idea of the disjointure of bodily parts as a consequence of emotions or physical prostration. The term is used for erotic experiences, and it qualifies Eros already at Hes. *Theog.* 120–2 (cf. 911):

And Eros, the most beautiful among the immortal gods,
he who loosens the limbs, and of all gods and all men
tames the mind in the chest and the wise counsel.

ἦδ' Ἔρος, ὃς κάλλιστος ἐν ἀθανάτοισι θεοῖσι,
λυσιμελής, πάντων τε θεῶν πάντων τ' ἀνθρώπων
δάμναται ἐν στήθεσσι νόον καὶ ἐπίφρονα βουλήν.

In Sappho fr. 130 Voigt, we find the same expression for the god and the emotion: 'Eros, he who melts the limbs, dominates me' (Ἔρος δηῦτέ μ' ὁ λυσιμέλης δόνει). In tragedy and in Homeric formulae, sleep is qualified by the same adjective (e.g. *Od.* 20.56–7, 'as soon as sleep came on him, loosening the toils of anguish from his mind, loosing his limbs', εὔτε τὸν ὕπνος ξμαρπτε, λύων μελεδήματα θυμοῦ, λυσιμελής; cf. *Od.* 23.343). Disease and death can be given the same adjective, as at Eur. *Suppl.* 46,

²⁰⁰ See also the *hapax* λυσισωματεῖν, which might be interpreted 'lack of organisation of the limbs', in a context of vertigo and fear of the void at *Epid.* 5.82 (37.13–14 Jouanna = 5.250.14–15 L.): Democles is affected by 'fear of the void' and of 'falling down a cliff', and at the same time 'seemed/had the feeling of losing his sight and becoming limp' (ἀμβλυώσσειν καὶ λυσισωματεῖν ἐδόκει).

‘death that slackens the limbs’ (θανάτῳ λυσιμελεῖ),²⁰¹ which becomes a stock expression in later authors. In light of all these instances, an expression such as ‘troubled sleep, and they become deranged ... and their limbs are slackened’ (ἀγρυπνίη, καὶ ἔκφρονες γίνονται ... καὶ τὰ γυῖα λύονται, *Mul.* 2.117 = 8.252.20–1 L.) easily sounds familiar; it is used for women with leucorrhoea (thirst, troubled sleep, and derangement; after which ‘their limbs are slack, lack coordination’).

An illuminating convergence with these ideas, albeit from a different perspective, is found in Kuriyama’s reading of ‘muscularity’ as characteristic of the Western way of viewing the human body. In his narrative, the development of descriptive internal anatomy begins only ‘sometime between Hippocrates and Galen’, i.e. after the Hippocratics, who display ‘scarce interest’ in it.²⁰² On this reading, articulation and joints are rather the focus in the earlier period: the attention paid to lack of articulation in the constitution of the Scythians described at *Aer.* 19 (232.14–235.7 Jouanna = 2.70.3–72.21 L.) and in the treatise *On Joints* is exemplary.²⁰³ Kuriyama draws a parallel with Heracles’ agony at Soph. *Trach.* 1103, where the hero is precisely ‘jointless’,

And now thus *disjointed*, dismembered,
wretched me, I am prey to an awful torment,²⁰⁴

νῦν δ’ ὥδ’ ἀναρθρὸς καὶ κατερρακωμένος
τυφλῆς ὑπ’ ἄτης ἐκπεπόρημαι τάλας,

Or consider Eur. *Orestes* 228, where the hero, ‘when the attack of *mania* withdraws’, feels ‘*jointless* and weak in his limbs’ (ὅταν ἀνῆ νόσος μανίας, ἀναρθρὸς εἰμι κἀσθενῶ μέλη).²⁰⁵

In sum, the general order and coordination of the body appear to be an important indicator of health in Greek medicine, and one the physicians

²⁰¹ See also Aelian, *NA* 4.42: ‘death resembles sleep and one that is particularly pleasant and free of pain, just as the poets like to call the latter λυσιμελῆ and weak(ening)/soothing, as if death also were free from pain and for this reason most pleasurable to those in need’ (ἔοικε δὲ ὁ θάνατος ὕπνῳ καὶ μάλα γε ἡδεῖ καὶ ἀνωδύνῳ, καὶ οἷον οἱ ποιηταὶ λυσιμελῆ φιλοῦσιν ὀνομάζειν ἢ τὸν ἀβληχρόν· εἴη γὰρ ἄν καὶ οὗτος ἐλευθερὸς ὁδύνης καὶ τοῖς δεομένοις διὰ ταῦτα ἡδιστος).

²⁰² Kuriyama (1999) 118, 130; cf. also 129–33.

²⁰³ Kuriyama (1999). Osborne (2011) 38–80, in a discussion that largely agrees with this, reinforces the point that in Greek culture and figurative codes weakness and powerlessness are expressed not in terms of muscular strength, as in the contemporary imagination, but in terms of *fitting joints*.

²⁰⁴ ‘Jointless’ thus indicates here precisely the posture, rather than simply ‘without strength’, with a metonymy (as in Easterling 1982, 211 *ad loc.*). See Kuriyama (1999) 135–6 for further negative examples of ‘lack of articulation’.

²⁰⁵ Precisely this aspect of the Greeks’ visual presentation was interpreted by Snell as a view of ‘the physical body of man ... not as a unit but as an aggregate ... the geometric figures ... are nothing but μέλεα and γυῖα’ (Snell 1946/1960, 6–7; the passage is commented on by Renehan 1981, 271).

in particular were well aware of and sometimes noted in great detail, for example in the case of the wife of Theodorus at *Epid.* 7.25 (67.9–11 Jouanna = 5.396.9–10 L.), where the physician stops to take a shot, so to speak, at a bodily detail: ‘*her lower leg slipped out of the bed*, and she both threatened her child irrationally and again fell silent and returned to tranquillity’ (ἡ κνήμη αὐτῆς ἐκ τῆς κλίνης κατερρή, καὶ τῷ παιδί παραλόγως ἠπειλυσέ τε καὶ πάλιν ἐσιώπησε καὶ ἐς ἡσυχίην μετέβαλεν). It is immediately clear that this detail, in itself random and disconnected from any theory of mind or term of insanity, has a mental significance.

2.5 Conclusions

I set out in this chapter to explore the visible (and audible) body of individuals suffering mentally as presented in our texts. Mental disorder has been shown to be a highly visible state; it consists of a repertoire of signs that are largely consistent across treatises and medical genres within our corpus, from the nosological and philosophical treatises to the clinical texts of the *Epidemics* that constitute the bulk of the material, despite important differences among them in various other respects. As we look back at the data gathered, a checklist seems to emerge, comprising aspects of facial appearance (eyes, mouth, complexion, voice); behaviours of the head and limbs (legs and hands) and bodily posture; general pathologies of the body (chills, tremors, spasms); and bodily composure and control. The first manifestation of mental illness in our texts is through the display of these visible (and audible) characteristics: a certain appearance of the body, a certain bodily behaviour.

For this survey, the parallels in non-technical literature, contemporary and prior to the fifth century have proven quite instructive; here medical authors show the greatest proximity to traditional representations. This brings out an important point: while the explanatory efforts of medical authors have an openly rational and scientific agenda and carefully avoid, or at least underplay, specific themes widespread in popular perceptions of mental disorder (eros, religion, the emotions, violence and so forth²⁰⁶), their observation grid nonetheless draws fundamentally on traditional material. The parallel independent phenomenon, the conscious appropriation of medical technicalisms by the tragedians (especially but not exclusively Euripides), should not obscure this background of shared cultural expectations.²⁰⁷ As far as mental suffering is concerned, the Hippocratic

²⁰⁶ See more below, pp. 265–72 on violence.

²⁰⁷ Langslow (1999) 184–8 offers an acute discussion of these two distinct dynamics.

doctors fashion their accounts and explanations around a clearly defined stock of observable aspects that are key to the presentation of insanity in Greek culture of the time. The interest of this point should not be underestimated, as in other important ways contact with mainstream beliefs and themes is decisively severed, and opposition to popular and irrational assumptions proudly emphasised.

As an initial answer to the difficult question posed in the introduction, 'How can we recognise insane patients in fifth- and fourth-century medical texts?', this chapter may appear far removed from what we currently mean by 'insanity', and may seem to cast its net so wide that much pathology that is far from what we would call 'mental' (i.e. reason, judgement, consciousness) is included. The chapters in [Part II](#) will narrow down the survey to aspects of subjectivity that are more familiar (to us). Through its inclusiveness, the discussion in this chapter (1) eliminates both the problem of the mind-body opposition and the thorny discussion of normality versus abnormality, health vs. un-health, to concentrate on the actual experience of mental life as described in our texts; (2) despite its breadth and descriptive nature, has hopefully succeeded in exposing the gravitational centres, so to speak, if not the locations of the mental in our texts (the head, belly, breathing system, upper chest); (3) offers a practical illustration of an embodied definition of mental functioning and health as a sound 'being-in-the-world', and its opposite; mental illness appears as a disruption in the way in which the body exists in the world through physiological processes (such as breathing, sweating and the movement of fluids about the body), motor functions, postures and communicative acts such as facial movements and phonation, illustrating mental sanity in the functioning of the body of the individual in response to the world outside and its performance of normal functions; (4) shows the deep-seated commonality between medical ideas regarding the health of the mind and the Greek poetic tradition, which reflected at length on mental suffering. The physicians use this material, sometimes conjuring up *ad hoc* explanations for a phenomenon, sometimes feeding the older repertoire into their pioneering observations.

We now move to the next level in the discussion of the body of the insane, still belonging to the realm of the visible and perceptible body but on a more construed level, where scientific elaboration plays a greater role: the complex physiology of sleep, nutrition and sexual activity.

The Vital Functions and Mental Life *Sleep, Food and Drink, Sex, Death*

3.1 General Physiology

Derangements that concern necessities are most severe, and exacerbations that arise from these are fatal.¹

αἱ περὶ ἀναγκαῖα παραφροσύναι, κάκισται, οἱ ἐκ τούτων παροξυνόμενοι, ὀλέθριοι.

(*Coac.* 97, 126.3–4 Potter = 5.604.2–3 L.)

We now move on to consider how mental health is expressed through basic functions that involve the body as a whole, sometimes labelled ‘vegetative’ in current medical speech, and which we might also call ‘vital’. Three such functions are of key importance to our analysis: sleep, food and sex (including the broader behavioural and cultural aspects of attitudes towards sex and gender). In addition, we must consider the failure of vital functions *par excellence*, death. It is important to note, first of all, that all three of these functions (and especially the first two, sleep and food) are observed to be generally disrupted in sick patients and are an important area of attention in regimen prescriptions. Second, information about sleep and about food tends to be offered together (just as prescriptions regarding them are often contiguous).² Finally, all three functions can be associated with the sphere of mental health; they are often seen to be affected in patients who show

¹ I interpret τὰ ἀναγκαῖα as here including the biological functions of life that are the subject of this chapter: what is at stake is derangement that hits aspects necessary to life.

² Sleep and food are often mentioned together: at *Epid.* 6.4.18 (94.6–96.3 Manetti–Roselli = 5.312.1–4 L.), an interaction between them is suggested: ‘water makes one hungry, and troubled sleep makes one hungry’ (ὕδωρ βορὸν, καὶ ἀγρυπνίη βορὸν); at *Epid.* 6.6.2 (124.2–3 Manetti–Roselli = 5.324.1 L.), σιτία, ποτά, ὕπνος, ἀφροδίσια are mentioned together; likewise at *Epid.* 6.8.23 (184.1–2 Manetti–Roselli = 5.352.8–9 L.), the physician should observe one’s habits as far as ‘exertion, food, drink (σιτία, ποτά), sleep (ὕπνος), sexual activity (ἀφροδίσια)’ are concerned. On the links between sleep and digestion and its analogy with epilepsy in Aristotle (*De Somno et Vigilia* 457a8–9), see Hulskamp (2008) 137–43; Lo Presti (2015a) 341–3.

signs of mental disturbance, and they are sometimes areas of pathological behaviour in and of themselves, aside from dietetic considerations.³

Apart from their co-occurrence with derangement, arguments for the mental import of these functions can be advanced on a level of mental health and with reference to an individual's broader psychological state. Sleep affects consciousness and cognitive abilities. Most illustratively, Aristotle in *De Somno et Vigilia* discusses sleep as fundamentally an experience of the animate animal⁴ and in terms of sensory disruption.⁵ Moreover, food and sex involve the individual's participation in emotions and relationships. This is most evidently true for sex and sexual identity, as amply documented by erotic references in Greek literature of all genres, but also for food and eating as activities. On the whole, these experiences are associated with a relationship with the world outside and with the drive to life, as well as with occasions for social exchange.

In addition, the concept of vital/vegetative function evokes the idea of the body as 'system' and 'organism'.⁶ If these labels obviously belong to modern physiology, the sense of the body as a whole implied by these three functions, whereby the working of one part is not independent of that of another, is nonetheless common in our texts. The idea, for instance, underlies the interest in posture and the way a patient controls his or her limbs

³ The relevance of these spheres to the representation of mental life can be corroborated through two arguments of retrospective diagnosis, to be evaluated with the usual cautions. First, in the ancient medical tradition disturbances in these areas subsequently develop into diseases proper and are labelled in nosological treatises as diseases characterised by an explicit mental quality, as we shall see. Second, current psychiatric classifications include all three among phenomena of interest to mental health: 'sleep-wake disorders', 'feeding and eating disorders' and 'sexual dysfunctions' and 'gender dysphoria' feature in current mental diseases taxonomies and have been long recognised by psychiatry (see DSM-V, 2013, 361–422, 329–54, 423–60; and compare ICD-10-GM-2013, F 50, G 47, F 66, respectively). From a perspective of embodied cognition, Colombetti (2013) xv points out that 'not only would it be restrictive to constrain the study of affective phenomena to the brain only (or even to the claim that they *are* just brain processes), but a conception of the body that limits it to a sensorimotor system does not suffice for an account of these phenomena, either'. Affective facts such as hunger, fatigue and mood are to be seen, in this sense, as also part of cognition (Gallagher 2005, quoting Danziger et al. 2011).

⁴ *De Somno et Vig.* 454a10–11. See Lo Presti (2015a) 219–23 on the areas of superimposition between sleep disturbances and mental disturbances, and Lo Presti (2015a) about the association with epilepsy in Aristotle and its later readers.

⁵ αἰσθάνεσθαι, *De Somno et Vig.* 454a4. This is true even if the philosopher later shifts the focus away from sensory disruption as the main nature of sleep to see the two, instead, as concomitant events following a common cause (food coction), as explained in Chapter 4, 456b15.

⁶ Enactivist approaches to mental life (a version of cognitive embodiment) are useful to clarify this point: 'the mind is enacted or brought forth by the living organism in virtue of its specific organisation and its interaction with the world', emphasising among the other things 'the wetter and bloodier self-regulatory dimension ... which includes the biochemical activities of metabolism ... The body of the enactive mind is thus ... the living body, and as such it includes, for example, the viscera, the circulatory system, the immune system, and the endocrine system' (Colombetti 2013, xiv–xv).

explored at the end of [Chapter 2](#) – the attention the physicians paid to the body conceived as a structured organisation. These are signs of health in an outlook that considers the body as a functioning whole. The same presupposition is apparent in the (characteristically medical) view of the body as fuelled by circulating humours and intersected by channels, and as displaying aspects of internal sympathy. It is also evoked at the beginning of *Places in Man* by the image of the κύκλος, the circle ‘that has no beginning or end’ that is said to exemplify τὸ σῶμα, in which ‘there is no beginning point’ but ‘every part is at the same time both beginning and end’ (*Loc. Hom.* 1, 36.1–8 Craik = 6.276.2–9 L.).⁷

Sleep, nutrition and sexual activity are areas of affections whose functioning is not localised in any individual part of the body in our texts; other so-called ‘neurological states’ have been noted and described. In her review of ‘Psychopatologie’ in the ‘Hippocratic texts’,⁸ Matentzoglou argues in favour of the concept of ‘vegetative Symptome’ to explain various bodily manifestations in Hippocratic patients: ‘Übelkeit, Appetitlosigkeit, Erbrechen, Durst, Zittern, Schaudern, Frösteln, Schwitzen, Schweregefühl im Kopf, Erstickungsgefühl und Störungen der Atmung’.⁹ Some of these, such as heaviness of the head, suffocation and difficulty in breathing, have already been shown to be localised in specific areas of the body in the medical presentation. Most of them, however, have to do with the state of the body as ‘system’ and are not localised: nausea, lack of appetite, vomiting, thirst, trembling, shivering, chills and sweating.

In this chapter, we will thus look at embodied mental life not as observed in a localised, visible (or audible) sign, but as interpreted through the vital functions of the body and their disturbance.

3.2 Sleep

Worst of all is to sleep neither by day or by night, for either the person would be kept awake by pain and distress, or he will become deranged as a consequence of this sign.

⁷ The full idea of ‘organism’, in which the soul is inseparable from the body, is formulated by Aristotle (to whom theories of cognitive embodiment often acknowledge a philosophical debt): cf. *De An.* II 412b5–6, ‘the soul is the first actuality of an instrumental natural body’ (ἐντελέχεια ἡ πρώτη σώματος φυσικοῦ οργανικοῦ).

⁸ Paraphrasing her title (2011).

⁹ ‘Nausea, lack of appetite, vomiting, thirst, trembling, shivering, chilling, sweating, heaviness of the head, suffocation and disorder of the breathing’ (Matentzoglou 2011, 99–100 with nn. 2–9 and 1–3).

κάκιστον δὲ μὴ καθεύδειν μήτε ἡμέρης μήτε νυκτός, ἥ γὰρ ὑπὸ ὀδύνης τε καὶ πόνου ἀγρυπνοίη ἄν, ἥ παραφρονήσῃ ἀπὸ τούτου τοῦ σημείου. (Coac. 487, 226.17–21 Potter = 5.694.19–22 L.)

Sleep and sleepiness are generally framed in our texts as forms of sensory and cognitive impairment, however natural and temporary, an impairment to which corresponds a complete lack of control over one's body – in line with the familiar ancient conception of sleep as a sort of 'reversible death'.¹⁰ As illustrated in the opening passage of *Coan Prenotions*, mental disturbance and psychological states such as anxiety and fear have an important area of overlap, although the inability to enjoy sound sleep, from total sleep deprivation to troubled sleep or comatose states, may be connected to various causes and outcomes. Moreover, the passage clearly states that sleep is relevant both as a sign of distress and in turn as a cause of derangement.

The physicians included sleep among the items to be observed in a patient, and appear to suggest a view of these as indicating the individual's state. Thus at *Epid.* 1.23 (199.16–18 Kühlewein = 2.670.7–8 L.), the author recommends looking *inter alia* at 'talk, manners, silence, thoughts, *sleep or absence of sleep, the nature and time of dreams*, pluckings, scratching, tears' (in this order: λόγοισι, τρόποισι, σιγῇ, διανοήμασιν, ὕπνοισιν, οὐχ ὕπνοισιν, ἐνυπνίοισιν, οἷοισι καὶ ὅτε, τιλμοῖσι, κνησμοῖσι, δάκρυσιν). Likewise at *Hum.* 9 (168.3 Overwien = 5.488.15–16 L.), sleep features clearly among the items that fall under the label 'of the soul' (ψυχῆς): intemperance in drink and food, as well as in excess of sleep and wakefulness (ὑπνου and ἐγρηγόρσιος).

3.2.1 *Physiology and Pathology of Sleep*

On a more basic, physiological level, sleep is important in our texts for assessing health;¹¹ in considerations of regimen, it is also an activity that should be enjoyed in moderation. The duration and frequency of sleep can vary with external conditions or at the time of the disease, and is recognised at *Vict.* 1.35 (156.14–15 Joly-Byl = 6.522.10–12 L.) as having a moistening effect on the body, as a consequence of which theories and observations regarding bodily heat and its variations are offered.¹² Not only

¹⁰ E.g. Hes. *Theog.* 211–14; see Wöhrle (1995) for a review of literary representations; Stefanelli (2010) 127–37 on the physiology of sleep, for an etymological discussion.

¹¹ Cf. *Epid.* 6.8.23 (184.13–14 Manetti-Roselli = 5.352.8–9 L.), where sleep is one of the 'things that contribute to our health', comprising aspects of regimen and mental life.

¹² See Hulskamp (1998, 78–83) for details on individual texts.

are sleep patterns monitored and included in the general physiology of the body, and recorded and assessed in the case of individual patients, but a pathological syndrome characterised by other mental aspects is also recognised in this area, the ‘lethargic disease’ (λήθαργος) discussed at *Morb.* 2.65 (204.3–10 Jouanna = 7.100.1–9 L.).¹³ Here nonsensical talk (φλυσηρεῖ) alternates with sleep (εὔδει), and the pathology is accompanied from the start by ‘coughing up copious moist sputum’. This is a severe disease that can lead to death in seven days. The same λήθαργος is discussed in a chapter in *Morb.* 3.5 (72.29–30 Potter = 7.122.15–16 L.), where the connection with the chest and respiratory apparatus is made more explicit: ‘οἱ δὲ λήθαργοι· the same state of evil as *peripleumonia*, but more severe’ (στάσις ἡ αὐτὴ τοῦ κακοῦ τῇ περιπλευμονίῃ, χαλεπωτέρῃ δέ).¹⁴

3.2.2 Terminology of Sleep

When we consider sleep patterns and behaviours during sleep analysed in our texts, the physicians’ interest in precision is immediately evident from the wealth of vocabulary they employ.¹⁵ This terminology¹⁶ is organised around the κῶμ- stem (κῶμα, κωματώδης, κομάω), indicating a state of sleepy stupor, which can and often does coexist with trouble in falling asleep or troubled sleep.¹⁷ Second is the terminology of (οὐκ) ὕπνος

¹³ A disease *lethargy* is recognised by Galen (e.g. *De Usu Partium* IV.363.12 K.; *PHP* 8.6.25.2) and in later nosological texts (e.g. Aretaeus, *De Causis et Signis Acut. Morb.* 1.2, now lost; Anonymus Parisinus II.11.19 Garofalo; Caelius Aurelianus, *Acut. Morb.* 2.1–6.1–32 = 130.1–148.25.i–vi Bendz).

¹⁴ Cf. also *Aph.* 3.30 (408.11–13 Magd. = 4.500.12–14 L.), τοῖσι δὲ ὑπὲρ τὴν ἡλικίην ταύτην, ἄσθματα, πλευρίτιδες, περιπλευμονίαι, λήθαργοι, φρενίτιδες; *lethargy* is included in a list of winter diseases, emphasising again an association with the respiratory tract but also with *phrenitis*.

¹⁵ Here we encounter the same problem of semantic precision that terms of insanity pose (see Thumiger 2013), even if the range is narrower. It is sometimes difficult in particular to differentiate in a stable manner between versions of κῶμα (disturbed, or absent sleep), ὕπνος and ἀγρυπνία.

¹⁶ See Byl (1998), whose list of vocabulary is a useful complement (although Byl includes more terms that fall under our category of ‘drowsiness’; see n. 220) and contains numeric data, unfortunately with no references; Strobl (2002).

¹⁷ ὕπνος and κῶμα are both used for sleep in Homer, but the second occurs in scenes in which sleep is materialised as an entity sent from the outside, ‘wrapping around’ the subject. This is apparent in the formula used in both Homeric instances of the term (*Od.* 18.201; cf. *Il.* 14.359), μαλακὸν περὶ κῶμ’ ἐκάλυπεν: a god is the subject, and κῶμα is somehow unnatural rather than natural sleep. The contexts are of divine intervention, and κῶμα is modified by the adjective μαλακόν, ‘soothing, soft’, and is the object of the verb καλύπτω, with more emphasis on ‘torpor, numbness’ and an exogenous, unnatural quality. A similar poetic suggestion is used for ὕπνος in *Epid.* 5.5 (4.3–8 Jouanna = 5.206.7–11 L.), attributing to the term a pathological, exogenous quality in this instance. The patient Eurydamas is described as suffering from insanity, παρακόπτειν, from the tenth day of his περιπλευμονίῃ; then in a subsequent phase of recovery ‘a deep sleep poured over him’ (ὕπνος τε αὐτῷ κατέχυθη πολὺς). See by contrast *Morb.* 2.25 (158.10–14 Jouanna = 7.38.19–40.1 L.) for the use of an exogenous phrasing, ‘comatose sleep takes hold of

(ὑπνωδης, ὑπνώω and the rarer ὑπνηρός,¹⁸ ὑπνικός,¹⁹ ὑπνοτικός²⁰ and ὑπνώττω²¹) and κοιμάω, perhaps with the idea ‘lie down to sleep, go to sleep’ (ἐπικοιμάομαι,²² ἐπικοιμήσις), ‘sleep’ or lack thereof, and likewise but more rarely εὔδω and καθεύδω; ἄγρυπνος (ἄγρυπνία, ἄγρυπνέω, διαγρυπνέω,²³ ὑπάγρυπνος²⁴), a common compound generally translated by Jones and other Loeb editors with ‘insomnia’ (and by Littré as ‘insomnie’), but whose etymology and use suggest more generally difficulty in falling asleep, or troubled/disturbed sleep (ἄγρος, ὕπνος, ‘fierce’, ‘harsh’ sleep).²⁵ Terminology of wakefulness and awakening, often conveyed merely by the negation of the sleep terms, is represented by ἐγείρω and διεγείρω (with the cognate nouns and verbs διεγερσις, ἔγερσις, ἐκγρήγορσις, ἐξεγείρω, ἐπεγείρω and ἐπέγερσις).

3.2.3 Patients: Monitoring Sleep Closely

The patient cases of the *Epidemics* are our richest material for reconstructing the importance of sleep disruption and its proximity and often clear association with mental disturbance. Byl, in fact, has calculated that the word ὕπνος occurs 166 times overall in the Hippocratic texts, 104 of these

him’ (κωμά μιν ἔχει), in the description of the ‘stricken one’ (βλητός), a type of patient who suffers pain in the forehead and ‘helplessness’, ‘lack of strength’ (ἀκρασία) and wastes away. Galen discusses the Hippocratic use of κωμα, stating that it openly departs from the traditional sense, since in Hippocrates it indicates a state of torpor that occurs independent of sleep (*Comat.* 1, 181.1–182.8 Mewaldt = VII.643–5 K.).

¹⁸ Used only at *Aer.* 24 (249.6 Jouanna = 2.92.1–2 L.), with reference to inhabitants of rich, soft and well-watered lands: ‘it is possible to observe in them slackness and sleepiness’ (τὸ τε ῥάθυμον καὶ τὸ ὑπνηρόν ἐνεστὶν ἐν αὐτοῖσιν).

¹⁹ Only for remedies, in *Epid.* 6.6.13 (136.4 Manetti–Roselli = 5.328.16–330.1 L.) ‘a soporific’ (τὸ ὑπνικόν), was applied; *Hum. Usu* 1 (164.14–15 Joly = 6.118.12–13 L.), ὑπνικόν καὶ κατὰ κεφαλῆς καὶ ἄλλων σπασμῶν, τετάνων παρηγορικών.

²⁰ *Acut. (spur.)* 69 (97.11–12 Joly = 2.522.9–10 L.), prescribing for a category of ‘sleepy patients’ (τοῖσιν ὑπνωτικοῖσι μηκωνίου λεκίσκιον Ἀττικὸν στρογγύλον πόσις).

²¹ ‘To be sleepy, drowsy’, *Acut. (spur.)* 32 (84.11 Joly = 2.462.6 L.), *Epid.* 7.11 (60.5 Jouanna = 5.384.11–12 L.), *Morb.* 2.40 (171.15 Jouanna = 7.56.8 L.), *Vict.* 3.84 (216.18 Joly–Byl = 6.634.18 L.), *Mul.* 227.2 (8.436.12–13 L.).

²² ‘To fall asleep’, perhaps with a stronger, ingressive quality.

²³ ‘To lie awake’, *Epid.* 7.120 (115.20 Jouanna = 5.464.23 L.), νύκτα ἐκοιμήθη, σμικρὰ διαγρυπνήσασα, μηδεμιῆς δυσφορίας ἐούσης.

²⁴ ‘With modestly disturbed sleep’, *Coac.* 171 (144.7–9 Potter = 5.620.14–16 L.), with reference to headaches: οἱ κεφαλαλγικοί, διψῶδεις, ὑπάγρυπνοι, ἀσφαῖες, ἀδύνατοι, ἐπὶ κοιλῇ ὕγρῃ κοπιῶδεις, ἄρᾳ γε ἐξίστανται.

²⁵ One might include in this terminological survey notices regarding types of drowsiness, torpor and heaviness (νυσταγμός/νυστάζω νωθρώδης, νωθρός, νωθρία, νωθρεύω; νάρκη, ναρκόω, ναρκώδης; ὑποκαρώω, ὑποκαρώδης, καρώδης). The last group is analysed in Chapter 4, pp. 326–30 dealing with the disruption of sensory faculties. Here we are concerned with ‘sleep’ in the narrower sense.

instances in the *Epidemics* alone,²⁶ which shows the attention paid to the phenomenon in encounters and exchanges with patients.²⁷

The data recorded are of two kinds. First, information such as ‘sleep’, ‘he did not sleep’, ‘lack of sleep’, ‘difficulty in sleeping’. As such, remarks about whether the patient is resting or not are widespread and less often specific to the portrayal of insanity. In the second constitution in *Epid.* 1.7 (187.7–8 Kühlewein = 2.624.7–8 L.), for example, sleep data are framed within the physiology of fevers. In named cases, changes in sleeping habits more clearly accompany mental disturbance, and we now turn to these.

3.2.3.1 Patients: Mental Relevance

Lack of sleep or troubled sleep is associated with forms of derangement. The patient in *Epid.* 1.26, case 1 (202.18–19 Kühlewein = 2.682.11–12 L.), for instance, ‘in the night felt discomfort, not managing to sleep, and much deranged’ (νύκτα δυσφόρως, οὐκ ἐκοιμήθη, πάντα παρέκρουσε); in *Epid.* 1.26, case 2 (203.23–204.1 Kühlewein = 2.686.6–7 L.), ‘in the night he could not sleep at all, much talk, laughter, singing, could not restrain himself’ (νυκτὸς οὐδὲν ἐκοιμήθη, λόγοι πολλοί, γέλως, ᾠδή, κατέχειν οὐκ ἠδύνατο); in *Epid.* 1.26, case 5 (207.14 Kühlewein = 2.696.8 L.), ‘did not sleep; was deranged’ (οὐχ ὕπνωσεν· παρέκρουσεν); and so forth.

In some cases, there is a more precise focus on sleep. At *Epid.* 1.26, case 11 (211.20–212.11 Kühlewein = 2.708.12–10.8 L.), every recorded day in the illness of the wife of Dromeades is characterised by sleep disturbance: on the second day ‘she did not sleep at night’ (νύκτα οὐκ ἐκοιμήθη); on the third, ‘she was in a bad way in the night, and did not sleep’ (νύκτα δύσφορως, οὐκ ἐκοιμήθη); on the fourth, ‘she slept only little/a little’ (σικκρά ἐκοιμήθη); and on the fifth, a full attack of insanity (πολλὰ παρέκρουσε ... νυκτὸς ἐκοιμήθη, παρέκρουσεν).²⁸ The example of the man in the garden of

²⁶ Byl (1998).

²⁷ See Lo Presti (2015b) for a survey of the *Epidemics* books in this regard.

²⁸ In *Epid.* 7.118 (114.14–115.5 Jouanna = 5.464.3–11 L.), Python’s child suffers a καταφορά with high fever, perhaps a ‘lethargic attack’, a state of dizziness or sleepiness with ἀφωνία and stomach complaints, that seems to be presented here as equivalent to κῶμα (since further on we read τὸ κῶμα ἐπέπατο, as the end of this state is summarised). In *Epid.* 3.17, case 11 (241.13 Kühlewein = 3.134.9–10 L.), a woman on Thasos has ‘coma and oppression and then waking up’ (κῶμα δὲ καὶ καταφορά καὶ πάλιν ἔγερισ); she suffers from fears and depressive thoughts, as well as other mental facts. At *Epid.* 1.26, case 7 (209.12 Kühlewein = 2.702.5 L.), the patient was ‘troubled in his sleep, talked nonsense’ (ἀγρυπνός, παρέλεγεν); at *Epid.* 1.26, case 8 (209.20–1 Kühlewein = 2.702.14–15 L.), ‘he was much deranged. On the fourth day, most distressing; towards night could not sleep/lie down to sleep; dreams and talk’ (πολλὰ παρέκρουσε. τετάρτη δυσφορώτατα· ἐς δὲ τὴν νύκτα οὐδὲν ἐκοιμήθη· ἐνύπνια καὶ λογισμοί); at *Epid.* 1.26, case 10 (211.6 Kühlewein = 2.706.11–12 L.), ‘there was no sleep, delirious’ (ὕπνοι οὐκ ἐνήσαν, παρελήρει).

Delearcus, at *Epid.* 3.1 case 3 (216.22–218.22 Kühlewein = 3.38.8–44.7 L.), is even clearer. This patient is introduced from the start as having long suffered from a ‘heavy head’ (κεφαλῆς βάρος). The subsequent development is quite detailed:

The man lying sick in the garden of Delearcus had for a long time heaviness in his head (κεφαλῆς βάρος) and pain in his right temple. ... Third day. ... slight stupor; getting up caused distress (ὑπεκαροῦτο, ἔδυσφόρει περὶ τὰς ἀναστάσις); ... no sleep at night; slight delirium (νυκτὸς οὐκ ἐκοιμήθη, παρέκρουσε σμικρά). Fifth day. ... no sleep at night; delirium (νύκτα οὐχ ὕπνωσεν, παρέκρουσεν). Sixth day. ... slept; was more rational (ὕπνωσε, κατενόει μᾶλλον). Seventh day. ...; no sleep; delirium (οὐκ ἐκοιμήθη, παρέκρουσεν); ... Eighth day. ... sleep; was collected (ὕπνωσε, κατενόει); ... Ninth day. ... delirium; ... sleepless (παρέκρουσε ... ἄγρυπνος). Tenth day. Symptoms about the same. Eleventh day. Completely rational; ... slept, ... (κατενόει πάντα ... ὕπνωσεν). The patient remained free of fever for two days, relapsed on the fourteenth day, and immediately had no sleep at night and was completely delirious (αὐτίκα δὲ νύκτα οὐκ ἐκοιμήθη, πάντα παρέκρουσεν). Fifteenth day. ... completely delirious; no sleep (πάντα παρέκρουσεν, οὐκ ἐκοιμήθη); ... Sixteenth day. ... delirium (παρέκρουσεν). Seventeenth day. ... was improved; more rational (ἐκουφίσθη, κατενόει μᾶλλον); ... Eighteenth day. Was irrational, comatose (οὐ κατενόει, κωματώδης). Nineteenth day: the same symptoms. Twentieth day. Slept; completely rational (ὕπνωσε, κατενόει πάντα); ... Twenty-first day: slightly delirious (σμικρά παρέκρουσεν); ... Twenty-fourth day: ... completely rational (κατενόει πάντα).

The patient’s sleep is clearly a central factor in the doctor’s attention. Moreover, this is a case openly characterised by insanity, especially after the fourth day. παρέκρουσε is recurrent throughout to the end, alternating with recovery (κατενόει) and with a precise correspondence between information about sleep and remarks regarding the patient’s mental state.

The reports in the other books of the *Epidemics* (5, 7 and 2, 4, and 6) are by comparison less precise in monitoring sleep patterns than *Epid.* 1 and 3 are. This is in line with the nature of the former texts, which on the whole seem to reflect a less direct and continuous connection between the visit and the report, and accordingly betray a looser patient–physician interaction.²⁹ There are some examples outside *Epid.* 1.3, however, that seem

²⁹ A representative check of the *Index Hippocraticus* shows a numerical preponderance of sleep information in *Epidemics* 1, 3 and 7. Thus sleep monitoring is a true constant in 1 and 3 only, given that *Epidemics* 7 is a much longer text and contains as many as seventy-eight cases, although of uneven length and in some cases amounting to only a brief mention (vs. *Epid.* 1’s fourteen cases and *Epid.* 3’s twenty-eight). ἄγρυπνος, for example, is found five times in *Epid.* 1, twenty-two times in *Epid.*

to focus especially on sleep. The man from Lower Mosades, at *Epid.* 4.45 (128.17.20–1 Smith = 5.186.6–9 L.), in a section that discusses several patients together, is particularly interesting. The patient κωματώδης ἐγένετο; ... κωματώδης, παραφερόμενος ἐξ ὕπνου, which we might translate ‘he became comatose; ... comatose, deranged after sleep/woken up by an attack’. At the end of the section (130.19–20 Smith = 5.188.5–6 L.), commenting on this patient and the preceding one, the physician writes that both were κωματώδεις καὶ ἐν τοῖσιν ὕπνοισι καταφερόμενοι, ‘comatose, oppressed during sleep’.³⁰ This is an interesting expression, especially when we consider that καταφέρομαι, ‘be oppressed’, seems to indicate a subjective experience, a sense of heaviness or anxiety. It is difficult to imagine such an experience occurring during sleep or in any case as being observable during sleep. Does the author mean a sleep disturbed by nightmares, or does the expression perhaps indicate phenomena such as somnambulism or talking during sleep? What could καταφέρεσθαι during sleep entail? In *Coac.* 81 (122.17–18 Potter = 5.600.18–19 L.), ὕπνος ταραχώδης is associated with κίνεσις and ῥιπτασμός in anticipating convulsions; troubled movements during sleep were thus observed and attributed some mental value. We might also compare the feverish Pythodorus at *Epid.* 7.2 (49.16–21 Jouanna = 5.366.17–21 L.) and his ‘talking nonsense/behaving nonsensically’ during sleep: ‘delirious behaviour as he was going to sleep (παραλήρησις προσιόντι ἅμα τῷ ὕπνῳ) ... he was sleepless sometimes one night, sometimes two (ἄγρυπνος), but all the rest of the time he was a *glutton for sleep* (κατακορής ὕπνος). It was a great effort to wake him, he babbled/talked nonsense in his sleep (παραλήρησις ἐν τῷ ὕπνῳ), and if he was ever roused, he had trouble coming to himself (εἴ ποτε ἐξ ὕπνου ἐγερθεῖη μόγις ἐντὸς ἑωυτοῦ). No thirst.’ These descriptions of intermediate states, one might say, between waking and sleep as accommodating pathological behaviours and cognition suggest that insanity might also be observed in a not entirely conscious body.³¹

3 and fifteen times in *Epid.* 7; ὕπνος twelve times in *Epid.* 1, six times in *Epid.* 3, fourteen times in *Epid.* 6 and twenty times in *Epid.* 7; ὕπνῳ five times in *Epid.* 1, eighteen times in *Epid.* 3 and three times in *Epid.* 7 (and nowhere else in *Epidemics*). See Thumiger (2015b) on patterns of patient–physician interaction in the *Epidemics*.

³⁰ This second passage might encourage us to translate the previous expression παραφερόμενος ἐξ ὕπνου along similar lines, ‘he was taken (by insanity) out of his sleep, he was awoken by insanity’ as opposed to ‘after’.

³¹ A combination of various of these intermediate states is found at *Epid.* 7.53 (84.21–5 Jouanna = 5.422.4–7 L.), the brief description of a phrenitic case, the sister of Hippas: she is comatose, κωματώδης, as well as behaving ‘like those who sleep’ (οἱ καθεύδοντες), ‘puffing into her jaws and lips’ (ἐμφυσῶσα ἐς γνάθους καὶ χεῖλεα) – a description of a state of torpor.

3.2.3.2 *A Category of Patients?*

Some expressions appear to imply a group of individuals especially exposed to disturbance in the area of sleep. *Coac.* 165 (142.15–16 Potter = 5.620.3–4 L.) goes so far as to identify a typology of chronically insomniac patients (ἀγρυπνοῖσι). These suffer quick attacks of *mania* during headaches and with rust-coloured vomit (τὰ ἐν κεφαλαλγίῃσιν ἰώδεα ἐμέσματα μετὰ κωφώσιος, ἀγρύπνοισι, ταχὺ ἐκμαίνει).³² Similarly, the possibility of derangement (ἐξίστανται) is considered at *Coac.* 171 (144.5–6 Potter = 5.620.14–16 L.) for patients with mild sleeping troubles, in combination with headache, thirst, lack of clarity in speech, helplessness and weariness after diarrhoea (οἱ κεφαλαλγικοὶ, διψώδεις, ὑπάγρυπνοι,³³ ἀσαφές, ἀδύνατοι, ἐπὶ κοιλίῃ ὕγρῃ κοπιώδεις, ἄρά γε ἐξίστανται). At *Prorrh.* 1.1 (75.8–10 Polack = 5.510.7–512.1 L.), ‘colourless urines in persons with troubled sleeplessness, if they have dark material suspended in them, suggest derangement – in a person who perspires over his entire body, *phrenitis*’ (τὰ ἐπὶ παραχώδεσιν ἀγρύπνοισιν οὖρα ἄχροα, μέλασιν ἐνηωρημένα παρακρουστικά· ἐφιδρῶντι φρενιτικά). At *Epid.* 3.17, case 2 (235.4–6 Kühlewein = 3.112.10–12 L.), finally, aspects of sleep (and nutrition) are found together with features of mood in characterising melancholic traits: ‘comatose sleep (κῶμα) was present, aversion to food, despondency, sleeplessness (ἀγρυπνος), irritability, restlessness, the mind being affected by melancholic disturbances’ (τὰ περὶ τὴν γνώμην μελαγχολικά).

3.2.3.3 *Patients: Gynaecological Cases*

A partially separate case is that of ἀγρυπνίη and κῶμα in gynaecological complaints in which insanity appears to be important, where disturbed sleep and aversion to food are a visible constant. At *Mul.* 1.36 (8.84.16–86.6 L.), in cases of worrying lochial discharge, bruxism, faintness (ἀψυχέει) and impairment of vision are followed by ‘lack of appetite, lack of sleep and a pricking feeling’ (ἀσιτίη καὶ ἀγρυπνίη καὶ νυγμός); at *Mul.* 1.41 (8.98.21–100.9 L.), with lochial displacement (the lochial fluid flowing towards the wrong parts of the body), ‘the patient does not eat, has trouble sleeping and feels revulsion for food’ (ἀσιτήσῃ καὶ ἀγρυπνήσῃ καὶ βδελύξεται), and later on she has ‘heartache and redness, and speaks

³² At *Coac.* 632 (266.14–16 Potter = 5.730.11–13 L.), in a patient with troubled sleep (ἀγρύπνω), there is again an expectation of madness, ἐλπὶς ἐκμανῆναι, as well as diarrhoea, weariness, headache and thirst.

³³ The technical nature of the diminutive in ὑπό- reinforces the notion that this might be a precise category of patient.

deliriously (ἄλλοφάσσει), and her mental pathology converts into a manic variety' (παράνοιοι γίνονται μανιώδεις); and so forth.

Mul. 1.8 (8.36.4–7 L.) offers an almost entirely psychopathological narrative, beginning with aspects that would today be classified as neurological and psychiatric, and continuing with emotional distress and mood disturbances: 'faintness/helplessness takes hold of her, now and again refusal to take food, and disquietude, and trouble in sleeping, and she often belches forth, refuses to take a walk, and is of low spirits, and does not seem to look at anyone, and is afraid' (ὀλιγοψυχίη ἐμπίπτει, καὶ ἀποσιτίη ἄλλοτε καὶ ἄλλοτε, καὶ ἀλύκη, καὶ ἀγρυπνίη, καὶ ἐρυγγάνει θαμινά, καὶ οὐκ ἐθέλει περιπατέειν, καὶ ἀθυμεί, καὶ ἐμβλέπειν οὐ δοκέει, καὶ δέδιεν). Within this picture of depressed mood and anxiety, troubled sleep fits naturally.³⁴

3.2.4 Outside the Medical Texts

If troubled sleep or insomniac disturbance are a general sign of bad health and insanity, healthy sleep is often part of a process of recovery and restoration of sanity. Outside the medical context, this is evident in tragedy. Here insanity is a topos and an experience that must end within the dramatic time. There is thus a dramaturgic need to convey the process of recovery through visible expedients and condensed scenes, which sleep provides. Sleep (somehow paradoxically) is immediately understood to be a token for a transition into sanity or consciousness, whereas a lack of it expresses anxiety and obsession. This confirms what must have been a general understanding with reference to mental health, as also reflected by medical texts. At *Aph.* 2.2 (386.3 Magd. = 4.470.11 L.), in fact, sleep is a beneficial sign in cases of mental disturbance – perhaps because it will show the mental problem to have a straightforward origin (ὅκου παραφροσύνην ὕπνος παύει, ἀγαθόν).

I will mention only three notorious examples of tragic recovery from illness and insanity: Philoctetes, Heracles and Orestes.³⁵ At Sophocles' *Philoctetes* 821–8, the diseased hero finally finds respite from his suffering and falls into a sleep that has also a dramatic function (since it is supposed to allow him to be betrayed by Neoptolemus). Philoctetes' illness is a physical one, a gangrened wound in a foot that attacks him, bringing biting

³⁴ See moreover *Mul.* 1.2 (8.16.13 L.), with amenorrhoea: the patient βρύζει τοὺς ὀδόντας, καὶ ἀσιτῇ, καὶ ἀγρυπνήσει, 'grinds her teeth, has no appetite and has trouble sleeping'. At *Mul.* 2.171 (8.350.21–352.5 L.), among other signs: 'a comatose state takes her at intervals, and she does not want to listen' (κῶμα ἔχει ἄλλοτε καὶ ἄλλοτε, καὶ ἑσακούειν οὐκ ἐθέλει).

³⁵ See Guardasole (2000) 188–90 on 'sonno riparatore' in tragedy.

pain. But the description of his crises includes several elements of mental suffering, since he is outside himself with physical pain (Neoptolemus recognises the older hero's words as he suffers as a form of derangement, at 815, 'What, are you raving again?', τί παραφρονεῖς αὖ;). At 821–37, Philoctetes finally falls into a stupor. Neoptolemus observes:

It looks like sleep will soon take this man:
for his head is reclined now,
and sweat drenches his entire body,

...

Let us leave him
in peace, friends, at rest so that he may fall asleep.
(Chorus) Sleep, who knows no pain, Sleep who knows no troubles,
come to us with your power,
and benevolent, oh lord!
Preserve these eyes from the beaming light,
now that you have tightly closed them.
Come, come, please, healer!

τὸν ἄνδρ' ἔοικεν ὕπνος οὐ μακροῦ χρόνου
ἔξειν· κάρα γὰρ ὑπτιάζεται τόδε,
ἰδρὼς γέ τοι νιν πᾶν καταστάζει δέμας,

...

ἀλλ' ἐάσωμεν, φίλοι,
ἔκμηλον αὐτόν, ὥς ἂν εἰς ὕπνον πέσῃ.
ΧΟ. Ὑπν' ὀδύνας ἀδαῆς, Ὑπνε δ' ἀλγέων,
εὐαῆς ἡμῖν ἔλθοις, <εὐαίων,>
εὐαίων ὦναξ· ὄμμασι δ' ἀντίσχοις
τάνδ' αἴγλαν, ἃ τέταται τανῦν·
ἴθι ἴθι μοι παιῶν.

In Euripides' *Heracles*, where Heracles' mental illness is explicit and central to the story, sleep again describes the cessation of the hero's madness after he has unwittingly murdered his children (1011–14):³⁶

... so that when he emerges from sleep,
he might do no further evil.
The wretch sleeps an unblessed sleep,
having murdered his wife and children.

ὥς λήξας ὕπνου
μηδὲν προσεργάσαιο τοῖς δεδραμένοις.

³⁶ Sleep and labour are a key motif in this text, which cannot be explored in detail here. See however Willink (1988) on Heracles as hero of πόνος in the sense of human suffering in the play, and on sleep as relief.

εὔδει δ' ὁ τλήμων ὕπνον οὐκ εὐδαίμονα
παῖδας φονεύσας καὶ δάμαρτ'.

And later, at 1042–51 (in Amphytryon's words):

(Amphytryon) Softly, softly! aged
sons of Thebes, let him sleep on
and forget his sorrows.
(Chorus) For you, old friend, I weep and mourn,
and for the children too and that victorious chief.
(Amphytryon) Stand further off, make
no noise nor outcry,
do not rouse
him from his calm deep
slumber.

Αμ. Καδμεῖοι γέροντες, οὐ σῖγα σῖ-
γα τὸν ὕπνῳ παρειμένον ἔασετ' ἐκ-
λαθέσθαι κακῶν;

Χο. κατὰ σὲ δακρύοις στένω, πρέσβυ, καὶ
τέκεα καὶ τὸ καλλίνικον κάρα.

1045

Αμ. ἑκαστέρῳ πρόβατε, μὴ

κτυπεῖτε, μὴ βοᾶτε, μὴ

τὸν εὔδι' ἰαύονθ'

ὕπνῳδεά τ' εὐνᾶς

1050

ἐγείρετε.

Those present, on the other hand, fear the hero's awakening like that of a beast (1081–3):

(Amphytryon) Fly, fly, my aged friends,
from before the palace! Escape the furious man
as he wakes up.

Αμ. φυγὰν φυγὰν, γέροντες, ἀποπρὸ δωμαίων

1081

διώκετε· φεύγετε μάργον

ἄνδρ' ἐπεγειρόμενον.

Sleep is equated with calm and recovery, and awakening with madness and toil (and, plausibly, with the anguish of acknowledging what has been done). Finally, Euripides' *Orestes* offers the best medicalised example of insanity in extant tragedy. Orestes' illness, as he lies in bed haunted by hallucinations caused by his grief and guilt, is described in close detail. Data regarding sleep give the rhythm of the alternating anguish and relief. At 148, Electra typically recommends that others keep quiet, as Orestes 'has long fallen asleep' (χρόνια γὰρ πεσὼν ὄδ' εὐνάζεται). Later, at 156–57, as he groans in his sleep, she begs the chorus not to disturb him:

You will kill him, if you remove from his eyes
the sweet pleasure of sleep he now enjoys.

ὀλεῖς, εἰ βλέφαρα κινήσεις
ὕπνου γλυκυτάταν φερομένῳ χάριν.

Sleep is a 'sweet pleasure' (γλυκυτάτας χάρις) for the ill man. At 166–86, with great realism, the 'patient' Orestes moves agitatedly in bed and sleeps only lightly. Praise of sleep as liberation from toil and misfortune follows:

(Chorus) Do you see? He moves his body beneath his robes!

(Electra) Alas! Your noisy words have
roused him from his sleep.

(Chorus) No, I think he is asleep.

...

O Lady Night,
giver of sleep to hard-working mortals,
come from Erebus, come, wing your way
to the home of Agamemnon.
For through misery and woe
we are lost, we are gone. There!
You are making noise again!
Be still,
be still, and keep
the sound of your voice
away from his couch; let him enjoy
his sleep in peace, my dear!

Χο. ὀρᾷς; ἐν πέπλοισι κινεῖ δέμας.

Ηλ. σὺ γάρ νιν, ὦ τάλαινα,

θωύξας' ἔλασας ἐξ ὕπνου.

Χο. εὔδειν μὲν οὖν ἔδοξα.

...

πότνια πότνια Νύξ,
ὑπνοδότειρα τῶν πολυπόνων βροτῶν,
Ἐρεβόθεν ἴθι, μόλε μόλε κατάπτερος
τὸν Ἀγαμεμνόνιον ἐπὶ δόμον.
ὑπὸ γὰρ ἀλγέων ὑπὸ τε συμφορᾶς
διοιχόμεθ' οἰχόμεθ'. Ἄ,
κτύπον ἀγάγετ'· οὐχὶ σῖγα
σῖγα φυλασσομένα
στόμα τὸ σὸν ἀκέλαδον ἀποπρὸ λέχεος ἥ-
συχον ὕπνου χάριν παρέξεις, φίλα;

At 211–17, Orestes himself refers to sleep as relief from suffering in terms that appear clearly medical and go beyond the topos of sleep as rest

and comfort to convey precisely forgetfulness of one's experiences and disorientation:

(Orestes) Sweet charm of sleep, saviour in sickness,
how sweetly you came to me in need!
Revered Forgetfulness of troubles, how wise a goddess you are,
and invoked by every suffering soul!
Whence have I come? How did I get here?
For I remember nothing and have lost all previous recollection.
(El.) My dearest, how glad I was to see you fall asleep!

ὦ φίλον ὕπνου θέλγητρον, ἐπίκουρον νόσου,
ὥς ἡδύ μοι προσήλθες ἐν δέοντί τε.
ὦ πότνια Λήθη τῶν κακῶν, ὥς εἰ σοφὴ
καὶ τοῖσι δυστυχοῦσιν εὐκταία θεός.
πόθεν ποτ' ἦλθον δεῦρο; πῶς δ' ἀφικόμην;
ἀμνημονῶ γάρ, τῶν πρὶν ἀπολειφθεῖς φρενῶν.
Ηλ. ὦ φίλταθ', ὥς μ' ἠϋφρανας εἰς ὕπνον πεσών.

Sleep is 'saviour in sickness' (ἐπίκουρον νόσου); what Orestes suffers is a kind of disease, and sleep has a beneficial effect. Euripides uses a precise medical undertext to depict the ordeal of the hero, which at the same time has an important dramatic function. The physicians too take for granted the relevance of sleep – its quality of disruption – to human mental health.

3.3 Food and Drink

Consider now the following poetic descriptions of human mental or emotional suffering. First, Penelope's anguish as she worries about Telemachus at *Od.* 4.787–90:

But there in the upper room she lay, thoughtful Penelope,
fasting, shunning food and drink,
brooding now ... would her fine son escape his death,
or go down at her overweening suitors' hands?

ἦ δ' ὑπερωϊῶ αὖθι περίφρων Πηνελόπεια
κεῖτ' ἄρ' ἄσιτος, ἄπαστος ἐδητύος ἡδὲ ποτήτος,
ὀρμαίνουσ', ἦ οἱ θάνατον φύγοι υἱὸς ἀμύμων,
ἦ ὃ γ' ὑπὸ μνηστῆρσιν ὑπερφιάλοισι δαμείη.

Also Euripides' *Medea* 24–8:

And she lies fasting, yielding her body to her grief,
wasting herself away in tears ever since
she learnt that she was wronged by her husband,

never lifting her eye nor raising her face from
off the ground.

κέϊται δ' ἄσιτος, σῶμ' ὑφεῖσ' ἀλγηδόσιν,
τὸν πάντα συντήκουσα δακρύοις χρόνον
ἐπεὶ πρὸς ἀνδρὸς ἦισθετ' ἡδίκημένη,
οὔτ' ὄμμ' ἐπαίρους· οὔτ' ἀπαλλάσσουσα γῆς
πρόσωπον·

And Phaedra in Euripides' *Hippolytus* (274–7):

(Chorus) How weak and wasted is her body!

(Nurse) What marvel? It is three days now since she has tasted food.

(Chorus) Is this infatuation, or an attempt to die?

(Nurse) To die; such fasting aims at ending life.

(Χο.) ὡς ἀσθενεῖ τε καὶ κατέξανται δέμας.

(Τρ.) πῶς δ' οὐ, τριταίαν γ' οὔσ' ἄσιτος ἡμέραν;

(Χο.) πότερον ὑπ' ἄτης ἢ θανεῖν πειρωμένη;

(Τρ.) θανεῖν· ἀσιτεῖ γ' εἰς ἀπόστασιν βίου.

Finally, the description of the mad hero Ajax in Sophocles' play (*Ajax* 323–6): And now, laid low by such an evil fortune,
without food or drink, he sits quietly where he had fallen in the midst of
the beasts
slaughtered by the iron,
and it is clear that he plans to do some evil'.³⁷

νῦν δ' ἐν τοιᾷδε κείμενος κακῇ τύχῃ
ἄσιτος ἀνὴρ, ἄποτος, ἐν μέσοις βοτοῖς
σιδηροκμῆσιν ἡσυχος θακεῖ πεσών·
καὶ δῆλός ἐστιν ὥς τι δρασείων κακόν·

These passages from Greek poetry present Penelope, Medea, Phaedra and Ajax torturing themselves in emotional distress, each case portrayed with very different motivations but a similar pathology. In all four cases, rejection of food is directly associated with mental suffering and is immediately understood as such by us as readers and (we may assume) by ancient audiences as well.³⁸ This expression of human pain, in itself quite straightforward, has not received much scholarly attention, perhaps precisely because

³⁷ Stillness and silence is a pathological kind of ἡσυχία here: see [Chapter 2](#), pp. 164–8 on posture in this respect.

³⁸ See also Eur. *Orestes* 39–41, echoing perhaps the chronology of a patient report: 'This is now *the sixth day* since our mother, after dying in the carnage, become cleansed in the fire; and in these days he has swallowed no food, not given his skin a wash' (trans. by West). Van Hooff (1990/2002) 41–7 surveys literary and historical examples of death by *inedia*, with attention to psychological, social and cultural implications.

its plausibility is so evident.³⁹ Eating as a social activity, on the other hand, occupies a special place in anthropology: the consumption of cooked food has long been regarded as specifically human and universally so, involving crucial social habits that characterise human communities due to shared practices, preparation methods and storage issues.⁴⁰ Anthropology and scholarship on food have occupied themselves more with cultural and ritual aspects than with integrated medical ones.⁴¹ The general agreement, however, that food preparation and consumption are deeply embedded as 'cultural facts' in the history of our species cannot be ignored when we discuss the importance of food, diet, eating and eating disturbances in medical literature. 'Cultural facts' include anything that cannot be directly, economically explained with the physiological need for food as nutriment for the body. As a consequence, such 'cultural facts' suggest the involvement of a psychology of eating.

Up to this point, scholarship has devoted extensive attention to aspects of social psychology (especially along the lines traced by Lévy-Straussian anthropology and the work of structuralist classicists such as Vernant, Detienne and Vidal-Naquet,⁴² while the psychology of eating as individual experience has received much less attention.⁴³ There are two reasons for this. First, the greater difficulties experienced by the historian when

³⁹ But see Poivre (2009) for a wide cultural and literary survey of 'hunger' in its various senses in the Greek archaic and classical periods, although largely excluding the medical sources, 655–63 for a discussion of the 'semantic and conception' of hunger in the Hippocratic texts; a complementary perspective is offered by Laes (2016a) on the social experience and perception of 'fatness' and 'thinness' in the ancient world.

⁴⁰ For overviews, see Hitch (2012); Tietz (2013).

⁴¹ But see Wilkins and Hill (2006a); Tacchini (2002) for nutrition and health in the Hippocratic texts.

⁴² Lévi-Strauss (1969). See only e.g. Vernant (1981), Detienne and Vernant (1982).

⁴³ It is mostly the banquet or the symposium that attracts the attention of literary and cultural historians (see Tietz 2013, 16–25). These communal contexts are not irrelevant to the mental life of the individual under discussion. At Eur. *Alceste* 747–815, for example, the two levels are interlaced: Admetus' wife has just died when Heracles arrives at his home as a guest, unaware of his friend's loss. The clash between the sad reality and Heracles' misunderstanding of it is epitomised by the hero's inappropriate eating and drinking, paradoxical in a household whose mistress has just died. As soon as he understands the situation, he is ashamed of his own behaviour (831–2, κᾶτα κομᾶζω κᾶρα στεφάνοις πυκασθεῖς, 'and here I am, feasting with a garland on my head!'): individual behaviour regarding social institutions, here the meal of hospitality, should appropriately reflect one's emotional and existential states. Moreover, gluttony and drunkenness (which in the tragic passage are peculiar Herculean traits) are well-known features of excess and the suspension of social rules in comedy (for gluttony, see Eupolis fr. 166, 187, 190 Kassel-Austin; for heavy drinking, fr. 165 Kassel-Austin) and have been described and discussed as such. The feast and the symposium as social institutions become for the ancients an ethical *speculum* of human virtue and vice, as exemplified in the varying modes of food consumption between the extremes of gluttony and frugality; see Gera's analysis of Xenophon (1993; 132–91 for a history of ancient symposia, with a variety of sources). Gera mentions in particular *Cyr.* 5.2.17, on the striking moderation of the educated Persians when eating at a banquet; *Cyr.* 1.5.12, on Cyrus' frugality; and 4.5.4, where 'hunger' itself

approaching individual rather than social psychology. Second and most important in the specific case of eating, the fear of anachronism that inadequate but tempting comparisons with modern eating disorders would entail.

In this section I shall explore classical medical evidence for a psychology of eating, i.e. a view of eating as linked to subjective (emotional and mental) factors, and the possibility of interference between eating and mental disorder. The centrality of food within a healthy regime and its influence on the overall state of the patient are known to be key in fifth- and early fourth-century medicine.⁴⁴ Food receives detailed attention both as cause of disease and in its manipulation as therapy, within a diet that must suit the person, his or her condition, the present season and environment. As a consequence, food impacts mental states as well; at the same time, further implications seem to be brought in, as I hope to show. Just as in our initial quotes from Homer and tragedy, where it seems evident that behaviour towards food has psychological significance, in medical sources too at times it can reveal more than the influence of regime on the state of an individual's health.⁴⁵

Let us now take a step further and focus on the relevance of eating to the mental sphere beyond the expected influence nutrition has on the overall state of a person. Eating patterns, specifically a pathologically excessive appetite or (most often) a lack thereof, are closely associated with the mental in our texts. The sense of such 'eating disorders',⁴⁶ not conceptualised as disturbances of an exclusively psychiatric nature but as behaviours of

was 'a relish for him' (ὁ δὲ Κύρος [ταῦτα] ἔλεγεν ὅσον μὲν τὸν λιμόν; note also 4.2.38 and 5.2.16, 17 in the same spirit). At *Hiero* 1.17–25, Semonides' discussion with the tyrant about the pleasure ordinary men get from food and that enjoyed by the few, who always have access to luxurious dishes, also connects the experience of eating closely with the ethical and personal sphere. Frugality as a moral virtue is also a topos of philosophical demeanour; in Plutarch's *Life of Alexander* even the young general is praised for his abstinence from luxurious foods, such as the gifts of fish and fruit he receives, which he distributes to others rather than consuming them himself (*Alex.* 23.9–10). See Oikonomopoulou (2007) 1–30 for the symposium as a locus of 'cultural imagination' in Greece and Rome.

⁴⁴ *Regimen, Regimen in Health, Regimen in Acute Diseases*, obviously; but the nosological texts and the *Epidemics* also return time and again to the centrality of food to human health, as an instrument of its preservation as well as therapy. Diocles too wrote on dietetics and regimen under the title Ὑγιεινὰ πρὸς Πλείσταρχον and Ἐπιστολὴ προφυλακτικὴ πρὸς Ἀντίγονον (see van der Eijk 2000–1, vol. 1, xxx–xxxii for a list). When at the turn of the first century CE Rufus stresses the importance of all aspects of eating and drinking among the questions in his *Interrogation to the Patient* (*Quaestiones Medicinales* 3.30.17–21 Gärtner), he echoes a cornerstone of Hippocratic anamnesis and cure. See Wilkins and Hill (2006a) 217–18.

⁴⁵ Especially when we consider (following Barto's persuasive account in 'The early history of dietetics', 2015) that the notion of a specific διαίτα as responsible for health is a relatively recent (late fifth-century?) concept.

⁴⁶ Among the 'feeding and eating disorders' in DSM-V (2013) 329–54, 'avoidant/restrictive food intake disorder', 'Anorexia Nervosa', 'Bulimia nervosa' and 'Binge-Eating Disorder' stand out.

an individual occurring under various circumstances, specifically together with mental suffering, is quite separate from the importance given to diet as part of a good regimen, even though it defies the schemata of current psychiatric, psychological and psychoanalytical explanatory models.⁴⁷

I shall first examine some examples of a more theoretical nature, and then consider how these reflect on patient cases, including gynaecological cases. The sign of thirst (or lack thereof, drinking and refusal or failure to drink) may appear together with observations about food or separately on its own.

3.3.1 Food and Mental Disturbance: Theoretical Perspectives

General descriptions of problematic behaviours or drives towards food emerge as pathological in three syndromes described in *Diseases* 2. Consider first *Morb.* 2.66 (204.11–205.16 Jouanna = 7.100.8–102.3 L.), a case of ‘withering disease’, αὐαντή:

Withering disease: the patient can tolerate neither fasting nor eating. Whenever he does not eat, his guts rumble, he suffers pain in the *kardiē*, and he vomits now one thing, now another: bile, sputum, scum and an acrid substance. And after he vomits, he seems better for a short time. Whenever he eats, he belches, becomes flushed and constantly has the feeling that he is about to pass copious stools, but when he sits down, only wind passes. Pain occupies his head, and there seems to be a needle pricking him all over his body, sometimes here, sometimes there; his legs are heavy and weak, he wastes away and lacks strength ... The disease lasts a long time, and leaves, if they are looked after, only when patients are growing old; otherwise, it continues until their death.

αὐαντή· οὐκ ἀνέχεται ἄσιτος οὐδὲ βεβρωκώς, ἀλλὰ ὅταν μὲν ἄσιτος ᾖ, τὰ σπλάγχνα μύζει, καὶ καρδιώσσει καὶ ἐμεῖ ἄλλοτε ἄλλοια καὶ χολήν καὶ σίελα καὶ λάπην καὶ δριμύ· καὶ ἐπὶν ἐμέσει, ῥῆϊων δοκεῖ εἶναι ἐπ’ ὀλίγον· ἐπὶν δὲ φάγη, ἐρυγμᾶ τε καὶ φλογιᾶ καὶ ἀποπατήσιν αἰεὶ οἴεται πολλόν· ἐπὶν δὲ καθίζηται, φῦσα ὑποχωρεῖ· καὶ τὴν κεφαλὴν ὀδύνη ἔχει, καὶ τὸ σῶμα πᾶν ὥσπερ ῥαφίς κεντεῖν δοκεῖ ἄλλοτε ἄλλῃ,

⁴⁷ Ancient medical writers of later periods have much more to say about the mental relevance of food and elaborate more clearly conceptualised notions of mental or partly mental diseases in which the consumption of food and drink plays a role. Later nosological texts recognise diseases called *atrophia* (Cael. Aur., *Morb. Chr.* 3.7.90–5, 732.19–736.13 Bendz; Anonymus Parisinus 30, 162.21–166.10 Garofalo), *boulimos* (Anonymus Parisinus 11, 80.21–84.10 Garofalo), *phagedaena* (Cael. Aur., *Morb. Chr.*, 3.3.46–8, 704.20–706.22 Bendz), *hydrophobia* (Cael. Aur., *Morb. Ac.* 3.9.98–100, 350.1–352.3 Bendz) and *stomachikon* (Aretaeus, *De Causis et Signis Diut. Morb.* 4.6, 72.6–74.2 Hude). At more than one point, the manifestations analysed here feed into those syndromes. This is not the place for a thorough discussion, but see Thumiger (in press b).

καὶ τὰ σκέλεα βαρέα καὶ ἀσθενέα, καὶ μινύθει, καὶ ἀσθενῆς γίνεται ... ἡ δὲ νοῦσος χρονίη καὶ ἀπογηράσκοντας, ἣν μελεδανθῇ, ἀπολείπει· ἣν δὲ μή, συναποθνήσκει.

This disease is labelled a form of consumption,⁴⁸ characterised by gastric disturbances and variations in discharges and stools. Yet the relationship with food seems foregrounded on a level more culturally construed than dietetic convenience and nutritional purpose. Surprising information is offering about difficulty in tolerating both food *and* lack of it (ἀνέχεται ἄσιτος οὐδὲ βεβρωκώς). This expression is not simply a description of urgent hunger and a simultaneous inability to retain food without throwing up. The verb (οὐκ) ἀνέχομαι, which in itself means simply ‘be unable to tolerate’, is used in the great majority of these cases to indicate intolerance not straightforwardly physiological in origin: towards one’s clothes, for instance, or towards verbal communication or physical contact with others, or light, or in some cases posture.⁴⁹ Two other details also suggest a mental relevance: first, the pain in the head, which is variously connected to insanity in our texts, whether head traumas are involved or not,⁵⁰ and second, the subjective feelings, the self-perception on the part of the

⁴⁸ αὐαντή, from αὖω, ‘to be dried out’. See Jouanna’s edition of the text (1983) 270 *ad loc.*

⁴⁹ Some instances of the verb with reference to human beings (it appears otherwise only in a few instances to indicate substances’ resilience to temperature or external conditions) can still be categorised in terms of physiological discomfort, but they appear less straightforwardly connected to a bodily state, e.g. *Morb. Sacr.* 5 (13.8 Jouanna = 6.368.18 L.), where the epileptic patient cannot bear the sun or cold; *Int.Aff.* 50.8 (7.292.8 L.), a ‘thick disease’ ‘when if rainwater pours onto the earth, the patient cannot stand smelling the dust; and if he happens to be standing in the rain and smells the earth, he immediately collapses’ (καὶ ἦν χυθῇ ὑετὸς ἐπὶ τῆς γῆς, τῆς κόνιος ὁδωμένος οὐκ ἀνέχεται· ἦν δὲ ἐστηκώς τύχη ἐν τῷ ὑετῷ καὶ ὁδμηθῇ τῆς γῆς, ἐξαπίνης πίπτει); at *Morb.* 2.26 (159.9 Jouanna = 7.40.14 L.), a recumbent posture is unbearable for a patient with κυνάγχη (along with several such instances having to do with posture in *Morb.* 2, not all of them motivated by organic disease). Some other cases clearly belong instead to the mental sphere: at *Morb.* 2.16 (150.15–16 Jouanna = 7.30.3 L.) the patient ‘cannot bear to be at rest, but wanders around and is deranged because of his pain’ (οὐκ ἀνέχεται ἡρεμέων, ἀλλ’ ἀλύει καὶ ἀλλοφρονεῖ ὑπὸ τῆς ὀδύνης); at *Morb.* 3.11 (78.24–6 Potter = 7.130.21–3 L.) the patient cannot bear his clothes, with other signs of mental distress (τὸ ἱμάτιον οὐκ ἀνέχεται ἔχων); at *Int.Aff.* 35.9 (7.252.25 L.) ‘he cannot bear to be addressed’ (καὶ οὐκ ἀνέχεται ἀκροώμενος); *ibidem* 47.13 (7.282.7 L.), ‘cannot bear to be touched’ (οὐκ ἀνέχεται ψαυόμενος τοῦ σώματος); at *Mul.* 1.2 (8.18.22–3 L.), the patient cannot bear to be touched (καὶ ψαυομένη οὐκ ἀνέχεται); at *Dieb. Judic.* 9 (7.20–8.1 Preiser = 9.304.22 L.), ‘he cannot bear his clothes, but feels a bite and scratches himself’ (τὸ ἱμάτιον οὐκ ἀνέχεται ἔχων, ἀλλὰ δάκνεται καὶ ξύεται), and later (8.3–5 Preiser = 9.304.24 L.) he shrinks from contact and movement, ‘and whenever someone tries to lift him up/make him sit up or speaks to him, he cannot bear it’ (καὶ ὁκόταν ἀνιστῇ τις αὐτὸν ἢ προσδιαλέγῃται, οὐκ ἀνέχεται).

⁵⁰ Headache is often accompanied by terminology of and overall descriptions linked to insanity: with wounds to the head or skull, with *phrenitis* or comparable affections, and generally with fevers. This might not be surprising to us, but it is worth underlining as evidence of a general, ‘instinctive’, one might say, association between the head and mental. For examples, see *Epid.* 3.17, case 3 (216.22–217.16 Kühlewein = 3.38.8–40.12 L.), opening with a man who ‘had for a long

patient of his or her body, which the physician chooses to foreground (ῥητῶν δοκεῖ εἶναι ἐπ' ὀλίγον, although here δοκεῖ could still refer to the judgement of the physician; ἀποπατήσειν αἰεὶ οἴεται πολλόν, 'he has the feeling/thinks that he is about to pass copious stools'; 'it seems to him, δοκεῖ, ῥαφίς κεντεῖν, that a needle is pricking him').⁵¹ Subjectivity and the mental are not coterminous, of course, and the physician involves the patient and his or her own feelings whenever his own observation or competence appears insufficient. But this attention to subjective elements constitutes a departure from the general predominance of the senses as an instrument of inquiry within the text to which it belongs,⁵² and further supports the possibility of a mental interpretation.

The final textual element, the 'pricking needle', has mental value for another reason as well. The image of the needle goad (along with related feelings of pricking and stinging) appears in the terms ἄκανθα and κεντέειν at *Morb.* 2.72 (211.16 Jouanna = 7.110.1 L.) to describe the

time heaviness in the head' (κεφαλῆς βάρος) and then 'was oppressed, troubled ... and deranged' (ὑπεκαροῦτο, ἔδυσφόρει ... παρέκρουσε); *Epid.* 3.17, case 4 (218.23–4 Kühlewein = 3.44.11–12 L.), Philistos on Thasos 'had for a long time pain in his head' (κεφαλὴν ἐπόνει), and was also 'in a state of stupor, with a heavy head' (ὑποκαρωθεῖς), and later 'was manic' (ἐξέμανη, 219.6 Kühlewein = 3.46.6 L.); *Epid.* 3.17, case 5 (219.9 Kühlewein = 3.48.1 L.), a patient who has a fever after drinking and immediately has a painful oppression in the head (κεφαλῆς βάρος ἐπ' ὤδυνον), and shortly afterward is deranged (πάντα παρέκρουσε, 219.13 Kühlewein = 3.48.4 L.); *Aph.* 7.14 (462.5 Magd. = 4.580.10–11 L.), 'stupor or delirium from a blow to the head, bad' (ἐπὶ πληγῇ ἐς τὴν κεφαλὴν ἑκπληξίς ἢ παραφροσύνη, κακόν); at *Morb.* 2.6a (137.9–10 Jouanna = 7.14.8–9 L.), 'pain suddenly (ἐξαπίνης) seizes the head, and the patient immediately (παραχρήμα) becomes speechless and loses control of himself' (καὶ ἄφωνος γίνεται καὶ ἀκρατὴς ἐωυτοῦ); at *Morb.* 2.8 (139.1–2 Jouanna = 7.16.5–6 L.), 'if a person is *stricken*, he has pain in the front of his head' (ἦν βλητὸς γένηται, ἀλγεῖ τῆς κεφαλῆς τὸ πρόσθεν), and loss of control over his body/powerlessness, ἀκрасίη, follows; at *Epid.* 2.5.4 (14–20 Smith = 5.128.14–18 L.), the connection between head trauma (ἦν τῆς κεφαλῆς τὸ ὁστέον καταγῆ), the ensuing insanity (ἦν δὲ παραφρονέη) and headache (ἦν τὴν κεφαλὴν ἀλγέη) is clear; at *Vuln. Cap.* 19 (88.10 Hanson = 3.254.4–5 L.), it is said that with necrosis of the bone in the skull following a wound, the patient dies deranged (παραφρονέων τελευτᾷ); at *Epid.* 5.50 (23.15–24.2 Jouanna = 5.236.13–18 L.), the daughter of Nerius is struck on the forehead (βρέγμα) and as the wound worsens she is downcast, depressed (κατεφέρετο) and speechless (καὶ ἄναυδος); at *Epid.* 5.85 (39.4–5 Jouanna = 5.252.7–8 L. and *Epid.* 7.90, 103.19–20 Jouanna = 5.446.18–19 L.), the patient 'began with a pain in the head, then became delirious' (ἐκ κεφαλῆς ὁδύνης ἀρξαμένη, ἔκτοσθεν ἐγένετο); *Epid.* 7.56 (85.9–19 Jouanna = 5.422.14–22 L.) discusses individuals who have dreadful pain in the head with fever (κεφαλῆς ὁδύνη δεινὴ) which can degenerate, at which point 'speechlessness ... and a form of delirium' (ἄφωνία ... καὶ λῆρος τις) also come into the picture; at *Epid.* 7.112 (112.3–4 Jouanna = 5.460.6–7 L.), a case develops into *phrenitis* (φρενιτικὴ γενομένη) and opens with headache and severe fever (κεφαλὴν ὠδυνάτο ἐν πυρετῷ).

⁵¹ On expressions such as 'it seems (to him/her)' (δοκεῖ), or 's/he says' (φησὶ) and their ambiguous status as markers of subjectivity and the like, see Thumiger (2015a).

⁵² Langholf (1990) 73 regards sections 12–75 of *Morb.* 2 as one of the oldest nuclei of the Hippocratic collection, reflecting a phase where observation prevails over theory, the objective over the subjective.

feeling of a mentally distressed patient.⁵³ The expressions mean ‘goad/sting, prick’ (‘something like a thorn seems to be in my inward parts and to be pricking them’). A comparable sign under the name νυγμός appears at *Mul.* 1.36 (8.86.6 L.), again in association with ἀσιτίη καὶ ἀγρυπνίη (on which more below). This is a case of bad lochial discharge punctuated by various other mental indicators, such as bruxism, fainting and obscured vision.⁵⁴

The goad and the stinging feeling are also a well-known metaphor or conceptualisation of the force of mental disturbance in Greek culture. It is recognisable in several literary representations, and mention of this aspect is not out of place here. Consider, for example, the well-known image of the οἷστρος, materialised as a biting insect, the gadfly, in the myth of Io and her metamorphosis into a heifer, but often adapted to poetic imagery of frenzy.⁵⁵ In Euripides’ *Bacchae*, for instance, ‘sting’ (οἷστρος) and ‘goad’ (κέντρον) symbolise the power of Dionysus urging on his *thiasos* and are used to represent the sudden onset of divine frenzy (cf. οἷστροάω, ‘sting or goad to madness’, at 32, 119; οἷστρος, ‘sting’, at 665; οἷστροπλήξ, ‘stung by a gadfly’, at 1229; κέντρον, ‘goad’, at 795). Again, at Euripides *HF* 862, οἷστρος describes the action of Lyssa, the goddess of frenzy, on Heracles as he is driven to madness.

Finally, pricking and stinging are on the whole subjective symptoms that involve the system as a whole, so to speak (like the signs of sweating or fainting). They are felt throughout the body (ἄλλοτε ἄλλη, *Morb.* 2.66, 205.2 Jouanna = 7.100.14–15 L.); this is a pathology that goes beyond the suffering of the individual body part and is perhaps mental in nature. This aspect is recognised by current medicine; phenomena such as itching, shivering, sweating and restlessness, unlocalised and in the absence of explicit causes, can have nervous origins.⁵⁶

The other two bits of evidence also come from *Diseases* 2. These are descriptions of ‘black disease’ (μέλαινα [νόσος]), which with much caution can be treated alongside disorders caused by black bile and melancholic affections, with their relevance for the abdominal area, which will be

⁵³ Or mentally ill patient: Jouanna 72.16 maintains φροντίς ΘΜ, Littré; Potter corrects to φρενίτις.

⁵⁴ See Flashar (1966) 51 for the sign in this passage as linked to mental symptoms (which Flashar interprets as similar to those of the melacholic).

⁵⁵ See Mattes (1970) 110 on ‘die Bremse’ as an image of madness in Greek literature; Padel (1992) 119–25 on imagery of ‘biting, eating’ and οἷστρος, (1995) 35; Guidorizzi (2010) 28–9.

⁵⁶ In this spirit, Matentzoglou includes these occurrences under the umbrella of ‘vegetative Symptome’ of a mental kind that find no explanation in an underlying physiological disease (Matentzoglou 2011, 99–100 with nn. 2–9 and 1–3).

important in the later tradition of the disease *melancholia*.⁵⁷ At *Morb.* 2.73 (212.11–213.19 Jouanna = 7.110.24–112.12 L.):

Black disease: the patient vomits up dark material that resembles wine lees, sometimes like blood, sometimes like second-press wine, sometimes the colour of cuttlefish ink, sometimes acrid like vinegar, sometimes saliva and scum, sometimes yellow-green bile. When he vomits dark bloody material, it seems to smell of gore, his throat and mouth are burned by the vomitus, his teeth are set on the edge,⁵⁸ and the vomitus raises the earth. After he vomits, the patient seems better for a short time. He can tolerate neither fasting nor eating too much; but when he does not eat, his guts rumble and his saliva is acrid; but when he eats something, there is a heaviness in his guts, and his chest and back feel like they are being pricked by styluses. Pain occupies his sides, there is a mild fever, he has a headache and is unable to see; his legs are heavy, his complexion dark, and he wastes away ... Carry out this treatment; [as he reaches the prime of his life, he escapes] and the disease grows old in his body; but if he is not cared for, the disease continues until his death.

μέλαινα· μέλαν ἐμεῖ οἶον τρύγα, τοτὲ δὲ αἱματῶδες, τοτὲ δὲ οἶον οἶνον τὸν δεύτερον, τοτὲ δὲ οἶον πωλύπου θολόν, τοτὲ δὲ δριμύ οἶον ὄξος, τοτὲ δὲ σίελον καὶ λάπην, τοτὲ δὲ χολὴν χλωρὴν· καὶ ὅταν μὲν τὸ μέλαν τὸ αἱματῶδες ἐμῇ, δοκεῖ οἶον φόνου ὄζειν, καὶ ἡ φάρυγξ καὶ τὸ στόμα καίεται ὑπὸ τοῦ ἐμέσματος, καὶ τοὺς ὀδόντας αἰμωδιά· καὶ τὸ ἔμεσμα τὴν γῆν αἶρει, καὶ ἐπὶν ἀπεμέσῃ, δοκεῖ ῥῆϊων εἶναι ἐπ' ὀλίγον· καὶ οὐκ ἀνέχεται οὐτ' ἄσιτος οὐθ' ὁπόταν πλέον βεβρώκῃ· ἀλλ' ὁπόταν μὲν ἄσιτος ᾖ, τὰ σπλάγχχνα μύζει, καὶ τὰ σίαλα ὀξέα, ὅταν δὲ τι φάγῃ, βάρος ἐπὶ τοῖσι σπλάγχχοις, καὶ τὸ στήθος καὶ τὸ μετὰφρενον δοκεῖ οἶον γραφείοις κεντεῖσθαι καὶ τὰ πλευρὰ ἔχει ὀδύνη καὶ πυρετὸς βληχρὸς καὶ τὴν κεφαλὴν ἀλγεῖ καὶ τοῖσιν ὀφθαλμοῖσιν οὐχ ὀρᾷ καὶ τὰ σκέλεα βαρέα καὶ ἡ χροὴ μέλαινα, καὶ μινύθει ... ταῦτα ποιεῖν· [ἅμα τῇ ἡλικίῃ ἀποφεύγει] καὶ ἡ νοῦσος καταγερᾷ σὺν τῷ σώματι· ἦν δὲ μὴ μελεδανθῇ, συναποθνήσκει.

There are many points in common with the 'withering disease' discussed earlier: the wasting away, the abdominal complaint, the problem with food, and the 'feeling' (δοκεῖ) again that 'his chest and back are being pricked by styluses' (οἶον γραφείοις κεντεῖσθαι). In addition we find headache, impaired sight and a dark complexion. Here, as in *Morb.* 2.66

⁵⁷ Jouanna (2007a/2012) 21 rightly stigmatises the tendency to recognise traces of *melancholia*/melancholic where no actual *melanch-* terms are found as 'laxiste'. Here we stop short of that, since we are concerned with a mental quality of the signs in an unspecified way. On (black) bile, *melancholia*, the melancholic and their intersecting histories, see Klibansky, Panofsky and Saxl (1964/1990); Flashar (1966) 21–49; Müri (1971) 186–91; van der Eijk (2005) 139–68; Jouanna (2007a/2012). See Thumiger (2013a) 62–4 for a survey of relevant instances of mental affections linked to black bile in our texts, and relative scholarship.

⁵⁸ See below, pp. 321–2, on αἰμωδιάω and related terms.

(204.11–205.16 Jouanna = 7.100.8–102.3 L.), the disease can become chronic and the patient can survive with it if it is cured early in his life.⁵⁹

Another ‘black disease’ (μέλαινα νόσος) appears at *Morb.* 2.74 (213.20 Jouanna = 7.112.13–26 L.). Here the signs we interpreted as part of a mental pathology or having a subjective quality are absent; the disease is introduced as affecting the complexion and the eyes (ὕπόπυρρος καὶ ἰσχνὸς καὶ τοὺς ὀφθαλμοὺς ὑπόχλωρος γίνεται, 213.20–214.1 Jouanna = 7.112.13–14 L.) and focuses on painful and frequent vomiting, accompanied by general symptoms (214.3–7 Jouanna = 7.112.15–19 L.):

The patient vomits continually a few drops, two mouthfuls at a time, frequently food, and along with the food bile and phlegm. After vomiting, he suffers pain throughout his entire body, sometimes even before he vomits; there is mild shivering and fever.

The vomiting is accompanied by ‘pain throughout the entire body’ (ἀλγεῖ τὸ σῶμα πᾶν), sometimes also before vomiting (καὶ πρὶν ἐμέσαι), ‘mild shivering’ (φρεῖκα λεπταί) and fever. Shivering and generalised pain are signs of systemic suffering that may indicate a mental level of disturbance, and are functionally comparable to the goad, the stinging feeling observed in the other two cases, even if without the reported subjectivity of the descriptions in 66 and 73 with their ‘it seems’, ‘he feels’ and so forth.

Even if these three are in no way comparable to contemporary descriptions of eating disorders and are centred on the digestive system and its physiology (humours, digestion and evacuation are mentioned), they seem – the first two more cogently, the third only when read in the light of the others – to single out a mental component within the physiology of eating and digesting (and which will play a role in the definition of *melancholia* as a mental disease).⁶⁰

⁵⁹ On the expression ‘to die with’ in the chronology of diseases, see von Staden (1990) 100–1.

⁶⁰ Diocles fr. 109 van der Eijk, in Galen *Loc. Aff.* 3.10 (VIII.185–9 K.), and attributed to the treatise *Affection, Cause, Treatment*, πάθος, αἰτία, θεραπεία (see van der Eijk 2015, 16 for a reassessment of Diocles’ views as framed by Galen’s argument). The passage, quoted by Galen to illustrate the third type of *melancholia*, ‘[which] originates in the stomach’ (τὴν ἀρχὴν ἀπὸ τῆς κοιλίας ἰσχει), describes an affection very similar to those observed in *Diseases* 2, which strikes the patient after consumption of food as well as on an empty stomach, with gurgling and a burning feeling near the *hypochondrium* (8–16): ‘another [affection] occurs in the region of the belly, but it is not like the ones described before; some call it melancholic, others flatulent. It is accompanied by the following: after consumption of food, especially food that is difficult to digest and burns, there are sour eructations, much watery spitting, flatulence, a burning sensation near the hypochondrium, and a gurgling [which occurs] not immediately but to people who wait a while [or, should we interpret ἐπισχοῦσιν as ‘to people who try to hold the wind’?]. Sometimes in addition fierce pains occur in the belly, which in some people extend to the broad of the back. These are alleviated when the food has been digested, but occur again after consumption of the same items. Often the disturbance occurs

A sophisticated take on the topic is formulated from a different angle at *Vet. Med.* 10 (130.16–131.10 Jouanna = 1.592.13–594.5 L.), where a sudden change in eating habits may have negative consequences of mental import. Here it is not the quality of the food that has an effect, but the time of its consumption or the skipping of a meal, adding a new level of information. The connection with the mental seems more overt and direct:

If a man who has grown accustomed to having lunch and has found this beneficial should miss having it, as soon as the lunch hour is passed he suffers from prostrating weakness, trembling and faintness. Hollowness of the eyes follows; urine becomes paler and hotter, and the mouth bitter; he feels as if his bowels were hanging; dizziness, low mood and listlessness. Besides all this, when he tries to dine, the food brings him no pleasure, and he cannot digest as much as he once used to dine on when he had lunch. The food, descending into the bowels with colic and noise, burns them, and disturbed sleep follows, accompanied by wild and troubled dreams. Many such sufferers have also found this to be the beginning of an illness.

τοῦτο δὲ, ἣν ἄριστ' ἄν μεμαθηκώς τις καὶ οὕτως αὐτῷ συμφέρον μὴ ἄριστήσῃ, ὅταν τάχιστα παρέλθῃ ἡ ὥρῃ, εὐθύς ἄδυναμίῃ δεινῇ, τρόμος, ἀνυχίῃ ἐπὶ τοῦτοισιν ὀφθαλμοὶ κοῖλοι, οὖρον χλωρότερον καὶ θερμότερον, στόμα πικρόν, καὶ τὰ σπλάγχνα δοκεῖ οἱ κρέμασθαι,

to people both on an empty stomach and after dinner' (trans. adapted from P. van der Eijk, in Pormann 2008, 279; ἄλλο δὲ γίγνεται μὲν περὶ τὴν κοιλίαν, ἀνόμοιον δ' ἐστὶ τοῖς προειρημένοις, καλοῦσι δ' αὐτὸ οἱ μὲν μελαγχολικόν, οἱ δὲ φυσῶδες. ἔπονται δὲ τούτῳ μετὰ τὰς ἐδωδάς, καὶ μάλιστα τῶν δυσπέπτων τε καὶ καυστικῶν, ὀξυρεγμίαι, πτύσεις ὑγραὶ καὶ πολλαί, πνεῦμα, καῦμα πρὸς ὑποχονδρίοις, ἐγκλύδασις οὐκ εὐθύς, ἀλλ' ἐπισχοῦσιν' ἐνίοτε δὲ καὶ πόνοι κοιλίας ἰσχυροί, διήκοντες ἐνίοις εἰς τὸ μετὰφρενον. πραῦνονται δὲ πεφθέντων τῶν σιτίων, πάλιν τε μετὰ τὸ φαγεῖν τὰ αὐτὰ συμβαίνει, πολλάκις δὲ καὶ νήστευσιν καὶ μετὰ τὸ δεῖπνον ἐνοχλεῖ). One might compare the case of a man in Oenidae at *Epid.* 5.6 (4.9–21 Jouanna = 5.206.12–21 L.), who is gripped by an unspecified 'disease' (νόσῳ). He wastes away and does not retain nourishment from the food he consumes (τροφή οὐχὶ ἐγένετό οἱ ἀπὸ τῶν σιτίων ἐσθιοντι (4.13–14 Jouanna = 5.206.16 L.). He experiences 'a slight grumbling' in his stomach, ἥκιστα ἔμυζεν, both when he fasts (ἄσιτος) and after he has digested his food (ὅτε φαγόντι τὰ σιτία τρεφθεῖ καὶ χρόνος ἐπιγένοιτο μετὰ τὴν βρώσιν τοῦ σιτίου, 4.11–12 Jouanna = 5.206.13–14 L.), but is cured by blood-letting. Rufus and Galen describe in detail the type of *melancholia* that affects the stomach in its connection to the brain (Rufus fr. 8 Pormann; cf. the summary in Galen, *De Locis Affectis* 3.9–10 (VIII.179.189–90 K.) for his own interpretation of the connection between *melancholia* and the stomach). Aretaeus' discussion of the disease in *De Caus. et Signis. Diut. Morb.* 3.5 (39.10–16 Hude) is centred on the gastroenteric disturbance and directly associated with the mental illness: 'black bile ... in chronic diseases, if it passes downwards, terminates in dysentery and pain in the liver ... but if it moves upwards to the stomach or the diaphragm, it yields *melancholia*; for it produces flatulence and eructations of a fetid, fishy nature, and sends rumbling wind downwards and disturbs the mind' (trans. by F. Adams, adapted; μέλαινα χολή ... ἐν δὲ τοῖσι χρονίοις, ἣν μὲν ὑπὲρ κάτω, ἐς δυσεντερὴν καὶ ἥπατος πόνον τελευτᾷ ... ἣν δὲ ἄνω ρέπῃ ἐς στόμαχον ἢ ἐς φρένας, μελαγχολίην τεύχει. φῦσάν τε γὰρ ἐμποιεῖ καὶ ἐρυγὰς κακῶδεις, ἰχθυώδεις' διαπέμπει δὲ καὶ κάτω φύσας φοφώδεις' ξυντρέπει δὲ καὶ τὴν γνώμην). See also Aretaeus' 'stomachic affection' at *De Causis et Signis Diut. Morb.* 2.6 (72.6–74.2 Hude) and its melancholic aspects (on all which developments, see Thumiger in press b).

σκοτοδινίη, δυσθυμίη, δυσεργίη ταῦτα δὲ πάντα· καὶ ὅταν δειπνεῖν ἐπιχειρήσῃ, ἀηδέστερος μὲν ὁ σῖτος, ἀναλίσκειν δὲ οὐ δύναται ὅσα ἀριστιζόμενος πρότερον ἔδειπνεῖ ταῦτα δὲ αὐτὰ μετὰ στρόφου καὶ ψόφου καταβαίνοντα συγκαίει τὴν κοιλίην, δυσκοιτέουσί τε καὶ ἐνυπνιάζονται τεταραγμένα τε καὶ θορυβώδεα· πολλοῖσι δὲ καὶ τούτων αὕτη ἀρχὴ νούσου ἐγένετο.

A disruption in eating patterns results in a generalised disorder that affects the *facies* but also the mental sphere: senses (σκοτοδινίη), mood (δυσθυμίη) and sleep and dreams (δυσκοιτέουσί τε καὶ ἐνυπνιάζονται τεταραγμένα καὶ θορυβώδεα). The patient's subjectivity is brought to the fore; he has a bad taste in his mouth (στόμα πικρόν) and a bad feeling in his stomach, as if 'his bowel were hanging', καὶ τὰ σπλαγγχνα δοκεῖ οἱ κρεμάσθαι;⁶¹ he 'attempts to eat' or 'sets himself to eat', δειπνεῖν ἐπιχειρήσῃ, but he has no desire, no projected appreciation of the food (depending on how one interprets ἐπιχειρήσῃ).

At *Prorrh.* 2.4 (228.17–230.20 Potter = 9.16.4–21 L.), the author sketches out from a dietetic perspective the consequences of mistakes for one's health in terms of food, exercise and sex, and the combination of the three. If someone 'who is being reduced by a low diet eats or drinks more' (ὁ λιμαγχεόμενος εἰ πλείονα φάγοι τε καὶ πίοι), among the effects will be a better mood in exercise, εὐθυμότερος ἐν τῇ ταλαιπωρίῃ; if a person who has been prescribed an abundant diet with much exercise does not finish the food and misses his or her walk (ἣν δὲ ἐσθίειν τε ἤδη ἀναγκαζόμενος συχνὰ καὶ ταλαιπωρεῖν ἰσχυρῶς, ἢ τὸ σιτίον μὴ καταφάγη ἢ θωρηχθῇ ἢ μὴ περιέλθῃ ἀπὸ τοῦ δειπνοῦ συχνού), apart from various physiological changes, he will be more cheerful unless otherwise affected (εἴη δ' ἂν καὶ εὐθυμότερος, ἣν μὴ τι αὐτῷ ἢ κεφαλῇ ἀνιῶτο). Variations in regime, in conclusion, can bring about changes in the mood and mental state of the patient.

Information in *Regimen* 4 about dreams as a sign of the health of the body and soul is also relevant here. It should be stressed that the relationship established in this text is between dreams, on the one hand, and the body–soul continuum, i.e. the individual taken as a whole, on the other. The parallelism or connection between food and dreams is part of the general relevance of food and diet to the state of the person (and thus e.g. at 88ff. various prescriptions of regime following different types of dreams involve diet as well as baths, exercises, and so forth). At *Vict.* 4.92

⁶¹ Jones translates 'it seems that his bowels are hanging'. To refer δοκεῖ to the observing physician, however, is inconvenient with reference to the state of an internal organ.

(228.12–19 Joly-Byl = 6.658.13–22 L.), however, a more precise implication seems to emerge and to indicate an awareness of the mental effects of diet, as a particular vision in dreams is a sign of the goodness of one's food intake through a rich, suggestive symbolism. The text (228.12–17 Joly-Byl = 6.658.13–22 L.):

[In dreams] it is good to see the dead clean, with bright-coloured clothes, and to receive something clean from them signals healthiness of the body and the things that enter it. For it is from the dead that nourishment, growth and seed originate. The fact that these things filter into the body clean signals good health. On the contrary, if one sees the dead naked, dressed in dark colours, unclean or in the act of taking something or removing something from the house, this is unfavourable and indicates disease.

τοὺς δὲ ἀποθανόντας ὁρῆν καθαρούς ἐν ἱματίοις λευκοῖσιν ἀγαθόν, καὶ λαμβάνειν τι παρ' αὐτῶν καθαρὸν ὑγίην σημαίνει καὶ τῶν σωμάτων καὶ τῶν ἐσιόντων· ἀπὸ γὰρ τῶν ἀποθανόντων αἱ τροφαὶ καὶ αὐξήσεις καὶ σπέρματα γίνεταί· ταῦτα δὲ καθαρὰ ἐσέρπειν ἐς τὸ σῶμα ὑγιεῖν σημαίνει. εἰ δὲ τοῦναντίον τις ὁρῶη γυμνοῦς ἢ μελανοείμονας ἢ μὴ καθαρούς ἢ λαμβάνοντάς τι ἢ φέροντας ἐκ τῆς οἰκίης, οὐκ ἐπιτήδειον σημαίνει τε νοῦσον·

This passage, among many other striking aspects, tells us much about perceptions of food as a player in the mental life of the individual. The following facts emerge, some less obvious than others:

- the quality of food influences the health of the individual
- the state of the individual's health is reflected in his or her dreams
- symbolically, or correlatively, good nourishment is represented by a view of the dead (thus one's family or past acquaintances, or simply people who came before us) as clean, clothed and in a benevolent mood⁶²
- the body and what enters it (food and drink only, or also air?⁶³) are subject to the same predicate of healthiness (ὑγίην σημαίνει καὶ

⁶² For a more literal interpretation of the meaning of 'the dead' in this passage allowing for a theory of transmigration of the soul, see Bartoš (2015) 212–13.

⁶³ For this suggestion, cf. *Vict.* 1.25 (142.6–7 Joly-Byl = 6.496.21 L.), 'the human soul, as I have already said, being made of a mixture of fire and water, and the parts of man, penetrates into every breathing animal as it breathes' (ἡ δὲ ψυχὴ τοῦ ἀνθρώπου, ὥσπερ μοι καὶ εἴρηται, σύγκρησιν ἔχουσα πυρὸς καὶ ὕδατος, μέρεα δὲ ἀνθρώπου, ἐσέρπει ἐς ἅπαν ζῶον, ὃ τι περ ἀναπνεῖ; I thank Hynek Bartoš for bringing this reference to my attention.) For air as a source of nourishment, and breathing as a kind of nutrition, see also (with characteristic obscurity; cf. Kanthak 2014, whom I thank for suggesting this parallel) the later (Hellenistic) *Nutr.* 48 (146.19–22 Joly = 9.116.15–118.1 L.), 'pulsations of blood vessels and breathing according to the age, harmonious or discontinuous, are also signs of disease or health, and of health more than of disease, and of disease more than of health; for breath is also a kind of nourishment' (φλεβῶν διασφύξεις καὶ ἀναπνοὴ πλεῦμονος καθ' ἡλικίην, καὶ σύμφωνα καὶ διάφωνα, καὶ νοῦσου καὶ ὑγίης σημήϊα, καὶ ὑγίης μᾶλλον ἢ νοῦσου καὶ νοῦσου μᾶλλον ἢ ὑγίης· τροφὴ γὰρ καὶ πνεῦμα).

τῶν σωμάτων καὶ τῶν ἐσιόντων); food seems to enjoy an active, agent-like status

- the dead (as defined above) are at the origin of core functions of biological survival (αἱ τροφαὶ καὶ αὐξήσεις καὶ σπέρματα)
- food enters, penetrates the body, like a gift offered by a guest who visits a house. The correlative casts the body as a household,⁶⁴ and the food as a homage brought in (or stolen away, in negative cases)
- if εἰσεῖμι (τῶν ἐσιόντων) seems a natural and neutral choice of verb to describe how food enters the body through the mouth, the use of ἐσέρπειν (ἐρπω) is more interesting and suggestive. The verb means ‘crawl’ (appropriate to reptiles or crawling beasts, τὰ ἐρπετά), ‘creep’ and more generally ‘go’ – but always with an emphatic quality, ‘advance, proceed’, to get out of bed, for example, or to appear in sight or travel. What are the implications of this idiosyncratic terminological choice?⁶⁵ The idea seems to be that food intake is a ‘filtering through’ of the outside into the inside, a sort of invasion, not a ‘taking in’ as in our perception of eating. Food ‘comes in’ rather than being ingested. As such, it carries out what can be thought of as a friendly visit or something more like an enemy invasion. As suggested earlier, the idea has a more active quality than it does for us.

This difficult passage exposes a conception of food that is deeply entangled with the personal sphere, with the individual’s perceptions of well-being and relationship with the world. This is enough for the purposes of this chapter – although much more could of course be said about the passage. Food is a player within a theatre of personal rather than purely social imagination (despite the fact that scholars interested in ancient psychology have disregarded these aspects to privilege shared, communal aspects of eating). *Vict.* 4.93 (228.20–2 Joly-Byl = 6.660.1–3 L.) offers an even more decisive instance:

Whatever bodies of alien form are seen in sleep and frighten a person indicate an excess and secretion of unaccustomed food,⁶⁶ a bilious flux and a dangerous disease.

⁶⁴ Compare the soul having a ‘household’ at *Vict.* 4.86 (218.7–8 Joly-Byl = 6.640.8–10 L.), below, p. 302.

⁶⁵ A TLG search shows that all but two instances of the verb in the Hippocratic texts – and also of the compounds (εἰσέρπω, ἀνέρπω and ἐξέρπω) – are in *Regimen*: to indicate acidic matter entering the nose (*Vict.* 3.76, 208.12 Joly-Byl = 6.618.16 L.); the relationship of exchange between a human being and the world outside, in the obscure ‘into man enter parts of parts and wholes of wholes’ (ἐσέρπει δὲ ἐς ἄνθρωπον μέρεα μερέων, ὅλα ὅλων, *Vict.* 1.6, 128.25 Joly-Byl = 6.478.8 L.); soul entering a person (ἐσέρπει γὰρ ἐς ἄνθρωπον ψυχὴ, *Vict.* 1.7, Joly-Byl 130.18–19 = 6.480.8 L.) and all animals (ἡ δὲ ψυχὴ τοῦ ἀνθρώπου, ὥσπερ μοι καὶ εἰρηται, σύγκρησιν ἐχουσα πυρὸς καὶ ὕδατος, μέρεα δὲ ἀνθρώπου, ἐσέρπει ἐς ἅπαν ζῶων, *Vict.* 1.25, 142.6–7 Joly-Byl = 6.496.21 L.); food (τοιοῦτον τροφή ἀνθρώπου τὸ μὲν ἔλκει, τὸ δὲ ὠθεῖ· ἔσω δὲ βιαζομένου ἔξω ἔρπει, *Vict.* 1.7, 130.27–8 Joly-Byl = 6.480.20 L.). On a few occasions (and in *Regimen* only), ἐρπω is found with the simple meaning ‘proceed, go’.

⁶⁶ Or, with Joly’s translation, an excess of food contrary to one’s habits, and secretion (Joly 1967, 108 *ad loc.*).

ὅσα δὲ ἀλλόμορφα σώματα φαίνεται ἐν τοῖσιν ὕπνοισι καὶ φοβεῖ τὸν
 ἄνθρωπον, σιτίων ἀσυνηθέων σημαίνει πλησμονὴν καὶ ἀπόκρισιν καὶ
 χολέρην καὶ νοῦσον κινδυνώδεα.

Here the consumption of σιτίων ἀσυνήθων, unaccustomed food (rather than normal food at unaccustomed times, as in the *Vet. Med.* passage above), produces dreams with monstrous bodies that can cause fear. A bit later, the focus of the account shifts to the act of eating in dreams as an indicator of the state of the soul, where ‘whenever in his sleep someone thinks he is eating or drinking his usual food or drink, this indicates a want of nourishment and a desire (ἐπιθυμίην) of the soul’ (*Vict.* 4.93, 228.26–27 Joly-Byl = 6.660.8–10 L., ὁκόταν δὲ ἐν τῷ ὕπνῳ ἐσθίειν δοκῇ ἢ πίνειν τῶν συνηθέων ποτῶν ἢ σιτίων, ἔνδειαν σημαίνει τροφῆς καὶ ψυχῆς ἐπιθυμίην).⁶⁷ This statement is a subtype of the more general principle, formulated later (230.1–2 Joly-Byl = 6.660.15–16 L.), that ‘whenever someone thinks that he beholds familiar objects, it indicates a desire of the soul’ (ὅσα δὲ δοκεῖ ἄνθρωπος θεωρεῖν τῶν συνηθέων, ψυχῆς ἐπιθυμίην σημαίνει). What is interesting for us is that thoughts/mental images *and* food – the object of θεωρεῖν and the type of food entering the person – belong the same model: the usual is healthy and the unusual dangerous.

In these ways, food is central to the determination of dreams and their meaning for the health of the person; and dreams, as the rich language at *Vict.* 4.86 (218.3–13 Joly-Byl = 6.640.8–16 L.) makes clear, are the activity of the soul (ψυχῇ), when the body (σῶμα) is asleep and the soul is awake, free to perform actions usually taken by the body. To infer from the (partial) dependence of dreams on food that food is (partially) ‘psychological’ would be a step too far, especially because the ψυχῇ we are dealing with here is not psychological in any sense approaching a private and inward soul. Indeed, this soul may not even be exclusively human, but might belong to all animals. But the point has been made that the relevance of food touches delicate metaphysical points beyond the importance of diet for the physiological nourishment of the body (regime) which is naturally topical in ancient medical texts.

Finally, one last piece of evidence that food is linked to the sphere of the ψυχῇ is found in *On Humours*, again in the list of elements that belong to or have to do with the soul (ψυχῆς) (*Hum.* 9, 168.3–4 Overwien = 5.488.15–17 L.):

Of the soul: intemperance in drink or food (ἀκρασίη ποτῶν καὶ βρωμάτων), in sleep or in wakefulness, the endurance of toil either for the

⁶⁷ ἐπιθυμίην Joly-Byl, Littré. If one adopts ἄθυμίην in θΜ (Jones), the translation would be ‘this signals a want of nourishment and a despondency/depression of the soul’.

sake of a certain passion or because of playing dice, or for the sake of one's professional art, or out of necessity'

In a similar spirit earlier, at *Hum.* 2 (160.5–8 Overwien = 5.478.9–13 L.), we find in a list of 'matters to observe':

instructions about vomiting, evacuation below, sputum, mucus, coughing, belching, hiccoughing, flatulence, urine, sneezing, tears, itching, pluckings, touchings, thirst, hunger, repletion (δίψης, λιμοῦ, πλησμονῆς), sleep, pain, absence of pain, body, mind, learning, memory, voice, silence.

In this list, 'thirst, hunger, replenishment' come between mental matters connected with compulsive hand movements (typical of insanity in our texts) and information regarding sleep, pain, the body (supposedly?) as a whole and cognitive aspects of the mental, to end with the voice and silence, also perhaps mental signs in our sources.

Finally, at *Hum.* 5 (162.23–164.3 Overwien = 5.484.3–8 L.), in another list of items that encourage abscessions:

abscessions of a helpful character, (through?) food, drink (βρώμασιν, πόμασιν), smells, sights, sounds, ideas, evacuations, warmth, cooling, moist things, dry things, moistening, drying out, anointings, ointments, plasters, salves, powders, dressings, applications, postures, massages, isolation, exertions, rest, sleep, troubled sleep, breaths from above, breaths from below.

The position of food and drink (βρώμασιν, πόμασιν) in the list is again close to items relevant to mental activity (sensory, ὀδμῆσιν, ὀράμασιν, ἀκούσμασιν, and cognitive, ἐννοήμασιν). Although these lists cannot be taken to express a firm taxonomy, their order is arguably not completely meaningless. In this sense, it is interesting that food and drink are mentioned first and next to 'smells, sights, sounds, ideas', rather than beside the features of diet, nourishment and digestion (evacuations, warmth, cooling, and to some extent moist things, dry things, moistening, drying out), which appear further down.⁶⁸ In various ways, our authors seem to theorise a commonality between food and mental life, which emerges most clearly in the histories of individual patients.

⁶⁸ Overwien (2014) 105–6 suggests that the grammatical variations between datives and infinitives reflect the use of different sources by the author; the first group of items would then fall within a section belonging to the same source and supposedly enjoying some degree of consistency within itself, as the items that follow will as well: ὑγροῖσι, ξηροῖσιν, ὑγρῆναι, ξηρῆναι, on making dry or moist; ἐγγχρίμασιν, ἐπιπλάστοισιν, ἐμπλάστοισιν, ἐπιπλάστοισιν, ἐπιδέτοισιν, ἐπιθέτοισι, on various external preparations; and so forth.

3.3.2 *Patients and Food*

The possibility of pathological mental behaviour regarding food is most evident in individual instances, offered mostly by the *Epidemics* cases or in the descriptions of the gynaecological treatises. The latter appear to be the texts in which lack of appetite or abstinence from food are more often present; here mention of a lack of appetite is common and is characteristically associated with sleep disturbance.⁶⁹ As we shall see, however, the sign is not exclusive to female patients.

The vocabulary of interest is mostly composed of privative forms of the root σιτ- ('food'): ἄσιτος/ἀσιτίη/ἀσιτέω and ἀπόσιτος/ἀποσιτίη. These cover the entire spectrum from failure to eat, to lack of appetite, to aversion from and active rejection of food. When dealing with this vocabulary, it is not always easy or even possible to identify the nuances of intentionality and subjectivity involved, as is often the case with behavioural entities in our texts. (Phenomena of sleep and the voice, as we have seen,⁷⁰ pose similar problems.) The use of adverbs such as σφόδρα, 'she was *strongly* averse to food', or other modifications such as the adjective πολλή with ἀσιτίη / ἀποσιτίη, '*intense* rejection of food' or '*repeated, recurrent* rejection of food', sometimes offer a cue in this regard, emphasising intentionality and voluntariness as opposed to a mere lack of appetite or failure to eat.

Although the σιτ- terms are most specific to the behavioural (and perhaps mental) sphere, others are also relevant. Dietetic prescriptions, as well as general reflections on eating and drinking habits and their effect on the body, use the pair replenishment, fullness and satiety versus emptiness and want – but also evacuation: κενώσις can indicate bowel movements as well as vomiting (πληρώσις/πλησμονή–κενώσις) – to indicate the result of food intake and its reverse. The two sets of terms are often used together to indicate the range of behaviours or conditions connected with nourishment: e.g. at *Aph.* 6.39 (455.9–456.1 Magd. = 4.572.8–9 L.), 'spasms may follow both fullness and emptiness of the stomach' (σπασμὸς γίνεται ὑπὸ πληρώσιος ἢ κενώσιος); or *Vet. Med.* 9 (128.7–9 Jouanna = 1.588.11–13 L.), 'many other bad things of a different kind can derive from replenishment, and no less harmful things from emptiness' (πολλὰ δὲ καὶ ἄλλα κακὰ ἑτεροῖα μὲν τῶν ἀπὸ πληρώσιος, οὐχ ἦσσαν δὲ ἅμα δεινὰ, καὶ ἀπὸ κενώσιος). On the whole, the

⁶⁹ 'Replenishment' (πλεσμοσύνη) and sleep are repeatedly and openly associated in *Regimen*, and I have already noted the Aristotelian theory in *De Somno et Vigilia*, according to which sleep is determined by the concoction of food during digestion.

⁷⁰ Above, pp. 179, 132–3 respectively.

terms seem to indicate the mechanical level of nutrition, the actual ‘filling up’ of the gastric cavities or their emptying: ‘regimen is made of replenishment, emptying, food, drink’ (δίαιτα γίνεται πλησμονῇ, κενώσει, βρωμάτων, πομάτων) at *Epid.* 6.8.7 (166.1–168.1 Manetti–Roselli = 5.344.17–18 L.); and again ‘all the diseases that come out of replenishment are cured by depletion, and *vice versa*’ (ἀπὸ πλησμονῆς ὁκόσα νοσήματα γίνηται, κένωσις ἴηται, καὶ ὁκόσα ἀπὸ κενώσιος, πλησμονή, καὶ τῶν ἄλλων ἢ ὑπεναντίωσις) at *Aph.* 2.22 (391.1–2 Magd. = 4.476.6–8 L.).

Characteristically, the link between the state of the soul (ψυχὴ) and the proportion between πληρώσις/πλησμονή and κενώσις is emphasised by the author of *Regimen*, even though the reference to food intake is not explicit in all cases. The soul, it is said, ‘foretells an excess in replenishment or want of *natural things*’ (προσημαίνει πλησμονῆς ἢ κενώσιος ὑπερβολὴν τῶν συμφυτῶν, *Vict.* 4.87, 218.16–17 Joly-Byl = 6.642.2–3 L.). At *Vict.* 4.88 (220.4–5 Joly-Byl = 6.642.15–17 L.), the soul expresses the state of such a balance through dreams: ‘for it signifies health, because the soul abides by the purposes of the day and is overpowered neither by surfeit nor by depletion nor by any other attack from without’ (ὕγειν γὰρ σημαίνει, διότι ἡ ψυχὴ παραμένει ἐν τοῖσιν ἡμερινοῖσι βουλευμασιν οὔτε πλησμονῇ κρατηθεῖσα οὔτε κενώσει οὔτε ἄλλῳ οὔδενι ἕξωθεν προσπесόντι). Many aspects of human health are interlaced in the treatise with the ratio between πλησμονή and κενώσις; in the entire discussion of the types of soul in *Vict.* 1.35 (150.29–156.18 Joly-Byl = 6.512.20–522.16 L.), πλησμονή is one of the factors that determine these types and may benefit them. Even if, once again, it would be a gross misunderstanding to see this as a ‘psychological’ effect of eating, since this ψυχὴ is not a psychological entity in our sense of the expression, the passage does illustrate a common ground between nutrition and the condition and qualities of an individual on a level other than the strictly dietetic.

Λίμος is also used in our texts to indicate abstinence from food (pathological or therapeutic) as well as general want, a lack of nutrition that can have adverse effects. In the depiction of a pathology at *Vet. Med.* 11 (132.4–6 Jouanna = 1.594.16 L.), for example, ‘all the things that this man suffers, as described, I ascribe to want’ (πάντα γὰρ, ἃ λέγω πάσχειν τὸν τοιοῦτον ἄνθρωπον, λιμῷ ἀνατίθημι). The ambiguity in the meaning of λίμος, between datum (an objective failure to feed oneself) and intention (the drive of the individual towards food), is evident at *Prog.* 2 (5.4–6.1 Jouanna = 2.114.9–10 L.), ‘[you should inquire] whether the patient has been sleep deprived, whether his bowels have been very loose, and whether he suffers at all from λιμός’ (μὴ ἡγρύπνησεν ὁ ἄνθρωπος ἢ τὰ τῆς

κοιλίης ἐξυγρασμένα ἥ<ν> ἰσχυρῶς ἢ λιμῶδές τι ἔχει αὐτόν). Is what is meant here that the patient has an insatiable hunger or that he abstains from food? Does the patient suffer from a desire to avoid food or a form of voracity? From the point of view of intentionality, the term can carry both symmetrical meanings. Elsewhere, λιμός clearly designates fasting as a medical prescription, for example at *Acut. (spur.)* 3 (69.18 Joly = 2.398.13–14 L.), '[prescribe] fasting, if necessary' (λιμῶ χρήζῃ). The general meaning of the word in Greek, however, is 'hunger', even 'famine'. At *Aff.* 47 (72.14–15 Potter = 6.256.22–3 L.), the sense is precisely that: 'the best foods for health are those that, entering in small quantity, are sufficient in themselves to satisfy both hunger and thirst' (ἐς ὑγιεινὴν δὲ ἄριστα, ὅσα ὀλίγα ἐσιόντα αὐτάρκη ἐστὶ καὶ λιμοῦ καὶ δίψους ἄκος εἶναι).⁷¹

νήστεω/νεστεύω/νήστις, finally, are exclusive to prescribed or at least factual abstinence from food. These terms seem to suggest more neutrally the state of lack of food consumption as part of a pathological or more often therapeutic picture, without additional overtones, similar to the English expression 'on an empty stomach' (typically in the dative νήσται or with an imperative form of the verb).⁷² At *Morb.* 3.15 (86.18 Potter = 7.142.5 L.), for example, we find 'give to the patient in a fasting state' (νήσται δίδου) and at *Acut. (spur.)* 38 (86.18–19 Joly = 2.474.2 L.) 'give it to him to drink early in the morning, on an empty stomach' (πίνειν δίδου πρωὶ νήσται). At *Acut. (spur.)* 43 (88.19–20 Joly = 2.480.10–11 L.), 'fasting is unfavourable for headache and hangover' (νήσται δὲ πονηρὸν πρὸς τὴν κεφαλαλγίην καὶ κραιπάλην); and so forth.

In this chapter, our interest is in aspects of behaviour towards food (intentional drives or involuntary dispositions) as possibly related to a patient's mental and psychological state, rather than therapeutic prescriptions or dietetic patterns. The dominant vocabulary is thus that of ἄσιτος/ἀσιτή/ἀσιτέω and ἀπόσιτος/ἀποσιτή.

3.3.3 Female Patients, Food and Drink

References to lack of appetite or food rejection are ubiquitous in *Diseases of Women* as part of gynaecological pathologies of all kinds. The specific

⁷¹ At *Epid.* 2.8 (26.9 Smith = 5.80.10–11 L.), the term λιμαγχικός is also found for 'starved' (literally 'strained/wasted with hunger'): 'in those who are wasted with hunger, normality must be evaluated with respect to these points [i.e. the size of vessel, intestines and bones]' (ἐν τοῖσι λιμαγχικοῖσιν αἱ μετριότητες ἀπὸ τούτων σκεπτέαι). Pfaff's translation of the Galenic commentary (*Comm. Hipp. Epid. II*, 183.34 Wenkebach and Pfaff) offers 'die Abgezehrten', 'the emaciated'.

⁷² Compare, outside the medical context, *Od.* 18.370, where Odysseus challenges Eurymachus to a endurance competition in manual labour, which they should perform νήστιες, 'having eaten no food'.

relevance of food consumption to female health is clearly explained at *Mul.* 1.25 (8.66.17–21 L.), where miscarriage is said to occur ‘if the pregnant woman falls ill and is weak, if she is required to lift a weight, if she is hit, if she jumps, if she suffers from lack of appetite or faintness, if she takes too much or too little food, if she is frightened or scared, if she screams or is powerless; and food is actually the cause of deterioration, along with excessive blood’ (ἤν ἡ γυνὴ ἐν γαστρὶ ἔχουσα νοσήσῃ καὶ ἀσθενῆς ᾗ, καὶ ἄχθος βίῃ ἀείρῃ, ἢ πληγῇ, ἢ πηδῇσῃ, ἢ ἀσιτίῃσιν ἢ λειποθυμίῃσιν ἔχηται, ἢ πλεόνα ἢ ὀλίγην τροφὴν λαμβάνῃ, ἢ διδίσσῃ καὶ πτύρῃται, ἢ κεκράγῃ ἢ ἀκρατήσῃ· καὶ τροφή δὲ αἰτίη φθορῆς καὶ τὸ αἷμα πουλὺ). Attention to the sign of lack of appetite and aversion to food is thus unsurprisingly widespread in gynaecological texts,⁷³ and the underlying reason is precisely the link between food and blood, which impacts on the woman’s health as a whole; excessive food means excessive blood in the body, with numerous negative consequences for the patient’s health and reproductive life, as blood tends to accumulate, bringing pressure on various areas.⁷⁴ It is as part of this picture that excessive blood has an impact on the mental state; the disturbance occurs when blood clogs the passages through which air and bodily fluids move, for example in the chest around the diaphragm.⁷⁵ The preponderance of references to food and ἀσιτίη in the gynaecological contexts thus seems to have to do with one specific trait that potentially has a mental effect: excessive blood in the body.

Readers of the gynaecological texts have taken one of two basic approaches to these ailments that fall under the category ‘hysterical suffocations’: offering psychological/psychoanalytic explanations of the specifics

⁷³ At *Nat. Mul.* 50 (65.6 Bourbon = 7.392.21 L.), ἀσιτεῖν is implicated in affections generally described as womb disturbances. A different explanation may lie behind the prescription of abstinence from food when a woman is advised to have sex with her husband ἀσιτήσασα, e.g. at 8 (12.2 Bourbon = 7.324.6 L.). Prescriptions of abstinence from food are recurrent in these texts as part of safeguarding women’s reproductive and general health (cf. *Nat. Mul.* 17, 21.3–16 Bourbon = 7.336.11–338.1 L., again associated with the prescription of sexual intercourse). The reason for this might be linked more generally to the importance of creating a stable environment (without the movements and changes brought by digestion) in the woman’s body to favour conception. (I thank Amneris Roselli for her suggestions on this.)

⁷⁴ On food and blood production in female physiology in our texts, see King (2004) 98–9.

⁷⁵ The passage from *Virg.* (22.16–17 Lami = 8.466.14–20 L.) mentioned earlier: ‘left with nowhere to flow out, the blood springs up in its excess to the *kardiē* and the diaphragm. Now when these parts are filled, the *kardiē* becomes stupefied (ἐμωρώθη ἡ καρδίη), then from the stupefaction numb (ἐκ τῆς μωριώσεως νάρκη), and finally from the numbness these women become deranged (ἐκ τῆς νάρκης παράνοια ἔλαβεν).’ See King (1995), King (1998) 29–30, 73, on food as a source of blood production, and 201 on abstinence as correspondingly a way to regulate an excess of blood in the female body, with special reference to *Girls* and the dangers of excess food and blood in puberty, when the female body has narrower channels through which to expel excess liquid – a ‘combination of narrow channels and a surplus of blood [that] can affect the mind’.

of female suffering based on interpretations of female health in terms of sexuality and sexual identity, family relations and social pressures;⁷⁶ or emphasising the contextual physiology of these syndromes with their mental implications. King adopts the latter course, stressing that ‘intercourse and pregnancy ... belonged to the domain of the *pharmacopoeia*, due to the dramatic and beneficial effects they were believed to have on the body’, and rejecting the use of various Freudian models or sociological explanations to associate these pathologies with female frustration in ancient societies or with sexual repression; these would be biased by ‘our own society’s views on what is normal for a woman’.⁷⁷

Eating disturbances – our texts, let us recall, rarely allow us to distinguish refusal of food from a failure to eat – have indeed the physiological explanation previously described. From a contextualised point of view, there is no need for mental implications, nor is there any legitimate place for a psychodynamic explanation connecting the female psyche to food via themes of nutrition, sexual maturity, motherhood, familial relationships or the like (all familiar from the current psychiatry of eating disorders). From an anthropological point of view, moreover, comparison with the phenomenon of anorexia in different cultural contexts suggests caution. (Within the general term ‘anorexia’ I include the clinical *anorexia nervosa* of current psychiatric classifications, the ‘holy anorexia’ of medieval saints⁷⁸ and food restriction more generally.) To rush to superimpose familial and psychodynamic models that work for contemporary Western urban society on the ancient Greek woman is an obvious mistake. On the other hand, it is methodologically unsound to adopt an ethnically grounded (i.e. scientifically unproven) physiological explanation (the link between blood flow and food intake of Greek gynaecology) *as an alternative* to a cultural or psychological value. It is arguably the case that in our gynaecological texts precisely the elaboration of a specifically female physiology of food consumption and appetite variation alerts us to the existence of a psychologically and culturally motivated anthropological phenomenon – female behaviours of food refusal, variously rationalised by (male) physicians.

Bynum discusses the tensions for the historian between modern psychiatric explanatory models (which speak of mother–daughter psychodynamics, patriarchal constraints, the pressures and stigma attached to female public success and idealised views of the female body as thin and

⁷⁶ E.g. Simon (1978) 242–4.

⁷⁷ King (1998) 221.

⁷⁸ As in Bell (1985).

asexualised⁷⁹), the various hypotheses of a physiological explanation for the incidence of female anorexia⁸⁰ and a broader anthropological approach. She notes that ‘the cultures within which female non-eating occurs and achieves significance as a form of sanctity or empowerment are all cultures which, on the one hand, associate the female with body and sexuality and, on the other, expect females to suffer and to serve (especially to offer food to) others’.⁸¹ In light of this observation, an underlying psychogenic quality might be hypothesised for ancient cases as much as for contemporary ones (maintaining, of course, the possible validity of other epiphenomenic explanations – the aspects of social *mores*, fashion and family patterns mentioned above),⁸² although we should be on guard against anachronistically searching for an ‘anorexia’ *ante litteram*,⁸³ a psychiatric eating disorder in our texts.

Many cases tend in the same direction, presenting food consumption as a straightforward physiological issue, such as *Mul.* 2.170 (8.350.12–13 L.). This is the description of a womb affection in which the patient ‘when-ever she is without food, she vomits, but whenever she has eaten, a pain takes hold of her lower belly and waist’ (ὀκόταν ἄσιτος ᾖ, ἐμέει, ὀκόταν δὲ βεβρώκη, ὀδύνη ἔχει τὴν νειαίρην γαστέρα καὶ τὰς ἰσχύας).⁸⁴ On the other hand, there is anthropological evidence for a female disposition to mental suffering that includes food disturbance; this should not be dismissed but cautiously brought into the picture, in cooperation with – not as an alternative to – an exploration of the Hippocratic physiology of female blood production and general health.

We should start by noting the context and associations that characterise references to abstinence from food. These are often found as segments in a chain that eventually has a mental outcome, or are associated with elements such as sleeplessness or explicit mental facts to form a picture of mental relevance. At *Mul.* 1.8 (8.34.14 L.), along with heartache, ‘recurrent’ (πλανῆται) fevers⁸⁵ and shivering (φρίκη), and bilious menstrual flows,

⁷⁹ Bynum (1988) 241–2.

⁸⁰ Bynum (1988) 243.

⁸¹ Bynum (1988) 243.

⁸² Bynum (1988) 243–4 scrutinises the proposal that there might be physiological causes behind female anorexia. See Bern and O’Brien (2013) on the current standard medical discussion.

⁸³ Littré, for example, often translates ἀσιτία with *anorexia* – which he intends in a different sense from current official psychiatry.

⁸⁴ General references to food in female health are, as noted, extremely frequent: see e.g. for more gynaecological references to ἀσιτία/ἀσιτέω as sign, *Mul.* 1.4 (8.28.1 L.); 1.9 (8.38.15–16 L.); 1.21 (8.60.10 L.); 1.47 (8.106.3 L.); 1.50 (8.108.12 L.); 1.58 (8.116.17 L.); 1.75 (8.170.6 L.); as therapeutic recommendations, *Mul.* 2.135 (8.306.22 L.); 2.157 (8.334.15 L.).

⁸⁵ ‘Recurrent’ or ‘deranged’ fevers? The term should probably be translated ‘recurring’ or ‘coming in waves’, or something along these lines. Potter, on the other hand, translates *Epid.* 4. 20 (100.18–19

mention is made of ‘intermittent refusal to eat/lack of appetite’ (ἀποσιτίη ἄλλοτε καὶ ἄλλοτε). The context is one of clear mental disturbance, with troubled sleep and refusal to take a walk, and the woman seems unable to focus her gaze and falls prey to fears: ‘faintness (ὀλιγοψυχίη) takes hold of her, *lack of appetite/restraint from feeding* (ἀποσιτίη) *time and again*, there is wandering (ἀλύκη) and disturbed sleep (ἀγρυπνίη), she often belches aloud, refuses to take a walk (οὐκ ἐθέλει περιπατέειν), her spirits are low (ἀθυμέει), she does not focus her gaze and is afraid (ἐμβλέπειν οὐ δοκέει, καὶ δέδιεν)’.

At *Mul.* 1.36 (8.86.6 L.), mentioned previously, in a case of bad lochial discharge, bruxism, fainting (ἀψυχέει) and impairment of vision are followed by ‘lack of food/lack of appetite, troubled sleep and a feeling of being pricked/goaded’ (ἀσιτίη καὶ ἀγρυπνίη καὶ νυγμός). Troubled sleep and appetite are associated, and we also find the sting, νυγμός, a symptom of mental interest discussed above in the cases of withering and black disease in *Diseases* 2.⁸⁶ At *Mul.* 1.2 (8.16.13 L.), ἀσιτέω appears with bruxism and once again with troubled sleep (βρύξει τοὺς ὀδόντας, καὶ ἀσιτήσκει, καὶ ἀγρυπνήσκει), and further down (8.16.18–20 L.) ‘she is restless/anxious (ἀλύξει), and throws herself about now and then (ρίψει ἑωυτήν ἄλλοτε καὶ ἄλλοτε), is faint/of low mood (λειποθυμήσκει), vomits phlegm, and is seized by a powerful thirst (δίψα ἰσχυρή μιν λήψεται)’; at *Mul.* 1.32 (8.76.2 L.), in a context of hysterical suffocation, ἀσιτέω is one of the underlying conditions that lead to an attack in which the patient ‘shows the white of her eyes’ and is speechless (ἀναυδίη ἴσχει τὴν γυναῖκα, καὶ τὰ λευκὰ ἀναβάλλει τοῖν ὀφθαλμοῖν).⁸⁷

βδελύσσομαι, ‘be fastidious, be nauseous’,⁸⁸ is also an interesting term in this area, perhaps indicating the subjective feeling that may accompany abstinence. At *Mul.* 1.39 (8.96.2 L.), a case of abundant lochia, this sense of nausea is simply part of aversion to food; there are tremors/shivering (φρίκη), progressive failure to eat (ἀσιτίη) and the patient βδελύζεται. At *Mul.* 1.41 (8.98.21–2 L.), the term is associated with abstinence from food (and troubled sleep again): ‘she does not eat and has trouble sleeping, and is

Smith = 5.156.20 L.) οἱ πυρετοὶ καὶ ἔτι δὲ καὶ πλανώδεις καὶ ἀπόσιτοι as ‘fevers (which) *tended to produce delirium*, loss of appetite’. See [Chapter 2](#) above, pp. 156–62, on wandering.

⁸⁶ See above, pp. 194–5.

⁸⁷ The reference to epileptic attack is found also at *Mul.* 2.151 (8.326.17 L.), where the female patient is said to be affected by the typical manifestations of those ‘who are taken by the sacred disease’ (οἱ ὑπὸ ἱερῆς νόσου ἐπίληπτοι πάσχουσι); see also the mention at *Mul.* 1.7 (8.32.23–4 L.) of ‘Heracles’ disease’.

⁸⁸ On the topic of the subjective feeling of disgust in Hippocratic patients see also Kazantzidis (2016) 48–53.

nauseous' (ἀσιτήσῃ καὶ ἀγρυπνήσῃ, καὶ βδελύξεται) and at the end 'she speaks nonsense, and there are manic forms of derangement' (ἄλλοφάσσει, καὶ παρανοαί γίνονται μανιώδεις). These subjective dispositions towards food and eating contribute to a general picture of mental distress.

Something similar can be said for ἀηδὴ⁸⁹ and ἄση/ἄσώδης,⁹⁰ which are also associated terms. Consider another female patient at *Epid.* 3.17, case 7 (237.18–238.2 Kühlewein = 3.122.3–12 L.), whose ἄση is part of a picture of distress in which shivering, changes in rational thinking and sleeping problems also appear:

She was thirsty and sleepless. Menstruation occurred for the first time. Sixth day: much nausea, redness, shivering, restlessness (ἄση πολλή, ἔρευθος, φρικώδης, ἀλύουσα). Seventh day: same symptoms, urine thin but of good colour, no trouble in the bowels. Eighth day: deafness, acute fever, troubled sleep, nauseous, shivering, was rational (ἀγρυπνος, ἄσώδης, φρικώδης, κατενόει), urine similar. Ninth day: same symptoms; and also on the following days; the deafness persisted. Fourteenth day: reason disturbed (τὰ τῆς γνώμης παραχῶδες), the fever subsided. Seventeenth day: copious bleeding from the nose; the deafness improved a little. On the following days nausea, deafness; there was also delirium (καὶ τὰς ἐπομένους ἄση, κωφότης· ἐνῆν καὶ παράληρος).

Among the cases in which the mental association appears explicit, some might still be singled out as more significant. This is the case at *Mul.* 2.133 (8.282.12–19 L.), an instance of uterine suffocation in which the womb presses against the hips, with various consequences that resemble those of pregnancy (the stomach becomes heavy and bloated, there is an appearance or a feeling of milk production) followed, at a second stage, by the contraction and drying out of both stomach and breasts. Hard tumours appear in the breast:

When tumours are about to develop, first their mouth becomes bitter in taste (πρότερον τὰ στόματα ἐκπικραίνονται), and everything they eat

⁸⁹ At *Epid.* 7.43 (Jouanna 77.26–78.2 = 5.410.9–10 L.), where Andreas cannot take any pleasure in drinking, and 'has a repugnant feeling around his mouth' (ἀηδὴς πολλῆς ἐούσης περὶ τὸ στόμα).

⁹⁰ ἄση indicates nausea (originally linked to ἄω, 'fill up, satiate') but also discomfort or vexation, as in the φροντίς at *Morb.* 2.72 (211.15–16 Jouanna = 7.108.25–110.1 L.), 'something like a thorn seems to be in their guts and to prick them; ἄση attacks the patient, he avoids light and people' (δοκέει ἐν τοῖσι σπλάγχνοισιν εἶναι οἷον ἄκανθα καὶ κεντέειν, καὶ ἄση αὐτὸν λάζεται, καὶ τὸ φῶς φεύγει καὶ τοὺς ἀνθρώπους); cf. *Epid.* 7.10 (58.4 Jouanna = 5.380.22–3 L.), 'around the *kardiē*' (ἄση δὲ περὶ τὴν καρδίην). On these ἄσ- terms (and some retrospective observations), see Matentzoglou (2011) 55, 99, 195 n. 4. Pigeaud (1981/2006) 39 associates ἄση with ἀνὴ (which I would translate non-specifically as 'distress') and related verbs as 'la parataxe classique du malaise moral et du malaise physique, leur présence simultanée', redeeming its corporeal significance against the translations of Littre and Jones as 'tristesses et angoisses', 'distress' and 'anguish', respectively. See also Ferrari (2007) 156 for a discussion of the term in Sappho.

seems bitter to them (ὃ τι ἂν φάγωσι πάντα δοκεῖσι πικρὰ εἶναι), and if someone gives them something more, they refuse to accept it, and they behave in a disgusting manner (ἦν τις πλείονα δῶ, ἀναίνονται λαβεῖν, καὶ σχέτλια δρῶσι); deranged in their mind (παράφοροι δὲ τῇ γνώμῃ), eyes are dry and cannot see well, the pain goes from the breast to the jugular and down the shoulders, and there is thirst, and the breasts are dried out/parched, and they thin down in their entire body, and their nostrils are dry and obstructed, and they cannot stand straight (οὐκ ἀειρόμεναι).

There is a point of comparison with the passage in *Vet. Med.* 10 (130.16–131.10 Jouanna = 1.592.13 – 594.5 L.) examined at the beginning of this discussion.⁹¹ Once again there is the bad taste in the mouth and the perception of ‘bitterness’ (δοκεῖσι πικρὰ). There is the relational aspect of the refusal of food when it is offered, ἀναίνονται λαβεῖν; in addition, there is the unspecified and puzzling sentence, ‘they behave in a horrible manner’ (σχέτλια δρῶσι). Translation is difficult. Littré offers ‘font de choses dégoûtantes’; the adjective σχέτλιος, found already in Homer, may also express endurance.⁹² The patients thus either display superlative endurance of difficult tasks (which could refer to abstinence from food) or are committing terrible actions or actions that produce indignation or a sense of horror. Given the unspecified character of the statement σχέτλια δρῶσι, we can only note a moral connotation of σχέτλια that suggests a behavioural–psychological note (possibly inappropriate behaviour of a sexual nature⁹³). As such, the description would be in line with the clear references to mental disturbance that follow: an explicit mention of insanity, and a sensory symptom often associated with it (παράφοροι δὲ τῇ γνώμῃ, καὶ οἱ ὀφθαλμοὶ σκληροί, καὶ βλέπουσιν οὐκ ὀξέα).

At *Mul.* 2.171 (8.352.1–9 L.), severe lack of appetite (ἀσιτίη πολλή) appears in a full gynaecological narrative of insanity: the woman

is overheated, bitten and swollen (αἵθεται καὶ δάκνεται καὶ ὀργᾷ) around the genitals, and if someone touches her with a finger, she feels worse and is startled (κάκιον ἴσχει καὶ ἀδάξεται), and her head and forehead hurt, she has hazy vision (ἀχλύς), sweating on her forehead, the extremities cold and trembling, at intervals coma, and she refuses to listen (κῶμα ἔχει ἄλλοτε καὶ ἄλλοτε, καὶ ἑσπεύειν οὐκ ἐθέλει), and her womb is inactive; *pronounced* refusal to eat (ἀσιτίη πολλή), neither her stomach nor her intestines absorb

⁹¹ See p. 198 above.

⁹² ‘All-bearing, obstinate’. By extension, the adjective can mean ‘miserable, horrendous’; the idea of indignation is another part of its semantic field. See Föllinger (1996) 443–5 on mental manifestations of ‘Hysterie in den Hippokratischen Schriften’, where she singles out σχέτλια δρῶσι and interprets it generally as ‘abstoßende Verhalten’ (444).

⁹³ Roselli’s suggestion to me.

the food, and she screams and throws herself around (βοῶ καὶ ἀναΐσσει), has pain in the lower portion of her stomach, in her groin, waist and internal part of her genitals (?), and they die quickly.

The woman's feelings are overwhelming her in this passage: the subjectivity of the terminology used is evident, 'she is overheated, bitten and swollen' (αἰθεταὶ καὶ δάκνεται καὶ ὀργᾶ) around her genitals. If αἰθεταὶ and ὀργᾶ are events that might also be available to the observer (unless one interprets ὀργᾶ as indicating sexual arousal, which would add an element of subjective feeling⁹⁴), δάκνεται as well as the following ἀλγέει and οὐκ ἐθέλει beyond all doubt express the patient's point of view. Such subjectivity, as noted earlier, is not in itself sufficient evidence that the physician is detecting a mental disturbance. But it shows a shift of attention towards the point of view of the patient, which gains significance in light of her subsequent refusal to eat, a 'pronounced' one accompanied by psychopathological behaviour, shouting and hurling herself around (καὶ βοῶ καὶ ἀναΐσσει).

3.3.4 General Patients: Eating

Awareness of the importance of food and eating patterns beyond the dietetic level is not only found in the gynaecological texts, but also concerns male patients along similar lines to the gynaecological portrayals. This too should make us discount, at least in part, the specificity of the gynaecological physiology of blood surplus in relation to this sign. A lack of appetite and refusal (or inability) to eat and drink (ἄποσιτος/ἄποσιτή, ἄσιτος, ἄδιψος, ἀνηδίη, as well as lack of ἐπιθυμία) are also found in male patients in diseases of all sorts. And here too there is an association and even an explicit correlation with mental elements.

Consider *Epid.* 7.3 (51.7–8 Jouanna = 5.370.7–8 L.), the son of Eratolaos. This long, complex narrative begins with dysentery and fever. The patient 'had an intense aversion to food and had to be forced to eat anything (ἄποσιτος σφόδρα καὶ μετὰ πάσης ἀνάγκης προσδεχόμενος)'. The fact that the adjective ἄποσιτος can be intensified with σφόδρα casts it not simply as lack of appetite, but as strong aversion and opposition to attempts to feed the patient. Remarks follow about fever, the tongue and thirst as signs, as well as about sweating (τὰ δὲ τῆς θερμῆς καὶ γλώσσης καὶ δίψης τοιαῦτα παρηκολούθει οἷα εἴρηται· καὶ ἰδρῶτες οὐδέν); a detailed description of the patient's peculiar cognitive pathology, a form of short-term memory impairment, follows: 'loss of memory of this sort: he

⁹⁴ See below, Chapter 5, p. 349 on this meaning in ὀργ- terms.

would ask something he wanted to know, subside a while and ask it again, and repeat it as though he had not spoken. He would forget that he was sitting at a stool unless someone reminded him. He himself noticed the ailment, he was not unaware' (51.8–14 Jouanna = 5.370.7–13 L.).

While this case is characterised from the start by gastric disturbance, the lack of appetite is not qualified as mere lack of nutrition, but receives a specification of intensity (σφόδρα) and the relational aspect of accepting food from someone and being force fed is added (μετὰ πάσης ἀνάγκης προσδεχόμενος). Finally, the information is given just before a crucial passage that is almost the focus of the case as a whole and concerns an entirely cognitive aspect, memory.

A similar association is found at *Prorrh.* 1.71 (83.4–10 Polack = 5.528.1–6 L.), where a category of patients that resemble those of the 'black disease' of *Diseases* 2 is described. The patients vomit up dark material, are ἀπόσιτοι and παρὰφοροί, 'averse to food' and 'deranged'. The same aphorism refers to the appearance of the eyes and glance that recurs in the image of the insane, then to dizziness and a loss of consciousness and irregular movements, accompanied by a loss of appetite:

People at the age of puberty who vomit up dark material, lose their appetite and suffer derangement (ἀπόσιτοι παρὰφοροί) are in little danger. Do not give persons who have one eye that protrudes/is fierce or is slanted (οἷσιν ὄμμα θρασὺ ἢ κεκλιμένον) purgative medications, since it would be fatal; nor to those with any degree of swelling, who are dizzy, who lose consciousness and have irregular movements, who lack an appetite (ὑποιδέοντας, σκοτώδεις, ἐν τῷ πλανᾶσθαι ἐκλιμπάνοντας ἀποσίτους).

In *Epid.* 3.1, case 6 (220.6–8 Kühlewein = 3.50.2–3 L.), the daughter of Euryanax is presented as suffering from fever; the second item of information recorded is that she was 'thirstless throughout the illness; she would not accept food' (ἄδιψος διὰ τέλεως γεύματα οὐ προσεδέχετο). The case has many elements of insanity to it, from the use of παρέκρουσε to the silence and spiritlessness recorded just before death (σιγῶσα, οὐδὲν διελέγετο. δυσθυμία, ἀνελπίστως ἐωυτῆς εἶχεν, 221.1–2 Kühlewein = 3.52.7–8 L.). Finally, it is said that she was 'averse to food until the end and deprived of any desire' (ἀπόσιτος πάντων παρὰ πάντα τὸν χρόνον οὐδ' ἐπεθύμησεν οὐδενός, Kühlewein 220.23–221.1 = L. 3.52.6–7).

In *Epid* 3.1, case 11 (222.14–24 Kühlewein = 3.60.9–62.10 L.), a woman who suffers a miscarriage and is affected by depression and fear (παρέκρουσε, φόβοι, δυσθυμία) is also characterised as ἄδιψος, 'thirstless ... until the end' (πολλὰ παρέλεγε καὶ πάλιν ταχὺ κατενόει· ἄδιψος, ἄγρυπνος ... διὰ τέλεος). The same associative sequence appears in

case 9 in *Epid.* 3.1 (222.3–4 Kühlewein = 3.58.6 L.), where the patient is οὐ διψῶδης ... ἀσώδης, ἄγρυπνος. In several other instances, the elements appear together in close succession or within the same cluster of elements. At *Epid.* 3.17, case 11 (241.4–6 Kühlewein = 3.134.2–4 L.), a woman described as suffering from sadness and despondency ‘became troubled in her sleep, lacking appetite/refusing food, and was thirsty and nauseous’ (ἐγένετο ἄγρυπνός τε καὶ ἀπόσιτος καὶ διψῶδης ἦν καὶ ἀσώδης). The predicate sentence in the final example is worth noting; often the information about abstinence from food is itemised in a list of recorded facts, so that a claim regarding mental status can only be hypothetical, even when information such as ‘παρέκρουσε’ comes just afterwards. Here, however, the first ‘actions’ of the patient *qua* patient are precisely sleep disturbance, thirst and aversion to food.

At *Epid.* 7.45 (79.7–80.10 Jouanna = 5.412.10–414.9 L.), Mnesianax’s case begins with ὀφθαλμία and continues with various visual impairments, followed by a quartan fever; he also presents noise in the stomach (ψόφοι δὲ ἐν γαστρὶ, 79.14–15 Jouanna = 5.412.16 L.). Along with the reference to sensory distortions, his case is punctuated by mental factors: he is ‘out of himself’ (ἐξ ἑωυτοῦ, 79.20 Jouanna = 5.412.21 L.), is afraid to go out and cannot bear to hear about illnesses (80.1–3 Jouanna = 5.414.2–4 L.) and so forth. Right at the onset, it is noted that when he began his quartan, he was ‘powerfully averse to food’ (σφόδρα ἄσιτος) but then he began to take pleasure in food again as the disease progressed (προσιόντος δὲ ἡδέως πρὸς, 79.8–9 Jouanna = 5.412.11–12 L.). The same phenomenon, we learn, occurred in the case of Polychares: ‘similar matters regarding eating also happened to Polychares within a quartan fever’ (καὶ Πολυχάρει δὲ ἐν τεταρταίῳ ὅμοια τὰ περὶ τὴν σίτισιν, 79.10–11 Jouanna = 5.412.12 L.); the expression ‘matters/issues regarding eating’ hints at a conceptualisation of the disturbance. Finally, the very fact that the description of *phrenitis* at *Morb.* 1.34 (92.9–12 Wittern = 6.204.7–10 L.) states that these patients ‘do not take anything of which is offered to them, at least anything worthy of mention; as time continues, they waste away’ ascribes inappetence to the possible manifestations of mental suffering.

Although food deprivation is the most common disturbance by far, the opposite is also found: at *Int.Aff.* 43 (216.13–18 Potter = 7.274.4–7 L.), in a description of acute *typhus*,⁹⁵ as the blood cannot flow freely due to the drying up of vessels, patients are said to typically suffer from mental

⁹⁵ *Typhus* is a disease that later develops a strong psychiatric component; τύφος in our sources is an indication of a type of cold fever (described under four typologies at *Int.Aff.* 39–41, 200.1–210.18 Potter = 7.260.22–270.6 L.) that can be accompanied by mental illness (*Int.Aff.* 39, 7.260.22–264.4 L.). In addition, the word is used metonymically for mental delusion by later authors; in particular, Sextus

disturbance: 'He chases flies away from his blanket, is hungrier than when he was healthy, takes pleasure in the smell of an extinguished lamp and has frequent wet dreams' (καὶ τὰς μυίας ἀπὸ τοῦ ἱματίου θηρεύει, καὶ βόρος τῶν σιτίων μᾶλλον ἔστιν ἢ υἰγαίνων, καὶ λύχνου ἀπεσβεσμένου τῇ ὁσμῇ ἥδεται, καὶ ἐξονειρώσσει θαμινά). Between the first and third elements, psychological and behavioural information, the author places the datum about eating, that 'he was hungrier than when he was healthy'.

3.3.5 General Patients: Thirst and Drinking

Attitudes and behaviours towards food and drink can appear in combination, as we have seen, but drinking and thirst have further specifics and are best analysed separately. Reference has been made several times to the case at *Epid.* 7.11 (58.21–61.24 Jouanna = 5.382.13–386.22 L.), the longest report of a mental patient in our texts, the wife of Hermoptolemus. Her illness begins with fever and headache, and proceeds through a detailed report of clear-cut psychopathological signs. She claims to feel heart damage (τὴν καρδίην οἱ γυιοῦσθαι ἔφη,⁹⁶ 58.23 Jouanna = 5.382.15 L.) and must drink upright due to a difficulty in swallowing. From the start, she suffers from pathological manifestations about drinking (59.4–5 Jouanna = 5.382.18–19 L.), 'thirst, sometimes insatiable, sometimes moderate' (δίψα ὅτε μὲν κατακορής, ὅτε δὲ μετρίη); later on she is 'thirstless' (ἄδιψος), to the extent that 'if one did not give her something, she would not ask' (59.15 Jouanna = 5.384.1 L.). Towards the end, 'violent thirst; after she drank she would ask for more, snatch it and drink violently. They could not take it away from her' (ἢ δίψα ἰσχυρή· πιοῦσα, πάλιν ἥτει καὶ ἥρπαζε καὶ λάβρως ἔπινεν· ἀποσπάσαι οὐκ ἠδύναντο, 61.4–5 Jouanna = 5.386.5–7 L.). Then again 'she kept moving both her hands to her mouth and chewing them, trembling; and if someone gave her something to chew or sip, she drank and sipped it violently, madly' (καὶ τὰς χεῖρας ἀμφοτέρως ἐπὶ τὸ στόμα φέρουσα ἐμασᾶτο, τρομώδης ἐοῦσα· καὶ εἴ τι προσενέγκαι τις μασήσασθαι ἢ ῥυφήσασθαι, λάβρως καὶ μανικῶς κατέπινε καὶ ἐρρύμφανε, 61.7–10 Jouanna = 5.386.8– L. 11). This state of disturbance is

Empiricus offers a definition of it at *Adv. Math.* 8.5 as 'typhus ... which is thinking of things that are not there as if they were' (τυφον ... ὅπερ οἷσιν ἔστι τῶν οὐκ ὄντων ὡς ὄντων). Etymologically, the word linked to τύφομαι, 'give off smoke, be reduced to ashes', applied to fevers. This seems to indicate specifically the state of stupor and dumbness connected with high fever, or to metaphoricallly suggest a smoky, hazy mind (compare the τετυφωμένοι at *Probl.* 3.16, Mayhew I.114.23 = 873a23, quoted below, p. 225). See also *Int. Aff.* 39 (7.262.6–10 L.) on food intake and *typhus*.

⁹⁶ γυιοῦσθαι is Coray's conjecture in Littré for M's υἰγιασθαι (which makes no sense).

protracted until the end, 'both in regard to her thirst and the soundness of her reasoning' (ἡ δίψα δὲ ὁμοίη καὶ τὰ περὶ τὴν διάνοιαν ὁμοία, 61.14–15 Jouanna = 5.386.14–15 L.). δίψα and διάνοια are mentioned together as areas affected by pathology. This patient displays various aspects linked to drinking: the loss of her sense of thirst; a lack of awareness of her physiological need (we shall observe this in other cases as well); refusal to drink when something is offered; abnormal, insatiable desire to drink; compulsive mimicking of the act of chewing and sipping, as if fulfilment of the bodily need was somehow disconnected from the perceived drive to drink (or eat), a disconnection that is mental in nature.

Epid. 7.89 (103.6–18 Jouanna = 5.446.7–17 L.; cf. *Epid.* 5.84, 39.1–3 Jouanna = 5.252.5–6 L.) is the case of Parmeniscus, who displays clear signs of psychological and mental suffering from the start. He is also speechless, ἄφωνος, and 'tossing about in silence and wandering' (ῥιπτασμός μετὰ σιγῆς καὶ ἀλυσμός, 103.8–12 Jouanna = 5.446.9–11 L.); he turns away at times and lies still; he does not recognise visitors. At the end of the case (103.15–17 Jouanna = 5.446.14–16 L.), we read that 'at times for a whole day and night when they offered water to drink, he did not want it (πιεῖν ... διδόντων οὐκ ἤθελεν), but at times he would suddenly seize the jar and drain it (ἐξαίφνης τὸν στάμνον ἀρπάσας τοῦ ὕδατος ἐξέπιεν)'.

There is no explicit physiological ailment here to explain this behaviour; fever is mentioned, but the case is cast from the beginning as one of mental suffering, within which thirst is noted as a fitting sign for such a portrayal.

At *Epid.* 3.17, case 15 (243.26–244.16 Kühlewein = 3.142.6–146.6 L.), the mentally distressed wife of Delearces 'drank little, only when they reminded her' (σικρὰ ὑπομνησκόντων ἔπινεν, *Epid.* 3.17, case 15, 244.5 Kühlewein = 3.142.10–11 L.). Here too, as for the wife of Hermoptolemus, there is a forgetfulness on the patient's part of her physiological needs, and she must be reminded (ὑπομνησκόντων). The wife of Theodorus at *Epid.* 7.25 (66.5–68.10 Jouanna = 5.394.8–398.3 L.), suffering from fever and haemorrhage, is also an explicitly delirious case, with many details to this effect (λῆρος; ὑπελήρει ἄλλοτε καὶ ἄλλοτε; σφόδρα ἐλήρει). On the fifth day, the patient is not thirsty (δίψα οὐκ ἐνῆν, 66.22 Jouanna = 5.394.22 L.); then on the sixth, much thirst (δίψα πολλή). μανίη (67.11–13 Jouanna = 5.396.11–12 L.), and disturbed behaviour towards those around her (τοῖσι παροῦσιν ἐλοιδορεῖτο), followed by comatose rest. Later she displays aggressive behaviour towards her own child and a wide range of mental traits alternating between calm and violence. As her anxious gesturing with her hands is described at a later stage and before the report of her crocydism, it is said that 'the gurgling occurred when she

drank, and she would spurt it out and bring it up through her nose' (οἱ ψόφοι πινούσῃ ἐγίνοντο· ἀπεπύτιζε καὶ ἄνω ἐς τὴν ῥίνα ἐφόρει, 68.I–2 Jouanna = 5.396.19–20 L.).

We have already encountered this gurgling (ψόφος), a sign that appears time and again in proximity to mental disturbance.⁹⁷ We have seen it at *Vet. Med.* 10 (130.16–131.10 Jouanna = 1.592.13–594.5 L.), in connection with troubles following a change in diet; at *Epid.* 7.45 (79.7–80.10 Jouanna = 5.412.10–414.9 L.), a case of eye disease (ὀφθαλμίνη) with mental implications and aversion to food; and in the passage from Diocles fr. 109, 12 (ἐγκλύδαξις) van der Eijk, associated by Galen with a type of *melancholia*. Moreover, at *Epid.* 7.5 (54.24–5 Jouanna = 5.376.5–7 L.) we read in regard to Cydis' son that 'whenever he drank, there was a sound as it went into his chest and his intestine, like that in the case of Chartades' (ὁπότε πίοι, κατιόντος ἐς τὰ στήθεα καὶ τὴν κοιλίην ψόφος οἷος καὶ Χαρτάδει). Cydis' son is a patient with several remarkable mental factors – this is, in fact, one of the best descriptions of a mental disorder in the *Epidemics* cases – explicitly defined as *μανικῶς*. Chartades at *Epid.* 7.10 (58.16–18 Jouanna = 5.382.9–10 L.) has fever, troubled sleep at the onset, and is mentally ill (e.g. at 58.6–7 Jouanna = 5.380.24–382.1 L., 'he was in his mind at the start; but as the day progressed, much nausea/discomfort and wandering' (καὶ ἔμφρων τὸ πρῶτον· προΐούσης δὲ τῆς ἡμέρης ἢ τε ἄση πλείων καὶ ἀλυσμός). He also presents gurgling while drinking, 'as he was drinking, signs of noise in the chest and intestines as the drink went down, which is the worst' (καὶ πίνοντι τὰ τοῦ ψόφου περί τε στήθεα καὶ κοιλίην, κατιόντος τοῦ πόματος, οἷον δὲ κάκιστον). These noises are expected signs for angina and respiratory problems;⁹⁸ on the other hand, the variety of examples collected above shows that it is not always explained in terms of respiratory mechanics. The sign seems to mark a problem in the way food and drink enter or penetrate the body, as it were, and distribute themselves through it, and this is found in association with mental disturbance.⁹⁹

⁹⁷ See pp. 218–19 n. 99.

⁹⁸ Cf. the description of people affected by *cynancus*, angina, at *Epid.* 2.24 (40.10–12 Smith = 5.96.9–10 L.); among the physiological details offered is that they had trouble, seemingly of a mechanical kind, in drinking due to blockage of the conduits: 'they could not drink, or only with great difficulty. Drink passed through their nostrils if they forced it. And they talked through their nose' (καταπίνειν οὐκ ἠδύναντο, ἢ πᾶν χαλεπῶς, ἀλλ' ἐς τὰς ῥίνας ἔφευγεν, εἰ πᾶν ἐβίωντο· καὶ διὰ τῶν ῥινῶν διελέγοντο).

⁹⁹ Compare the comments on food 'infiltrating' the body in the presentation at *Vict.* 4, p. 201 above; in addition, at *Prorrh.* 2.42 (290.15–16 Potter = 9.72.24–25 L.), the rumbling alleviates pains of the head and *hypochondrium* in an illness of the blood that causes pain in the head (ὠφελεῖ δὲ ταύτας τὰς ὁδύνας τὸ παραυτικά ψόφος ἐν τῇ γαστρὶ γενόμενος). An unexpected bit of

At *Mul.* 1.2 (8.16.20 L.), another female case already mentioned in connection with ἀσιτία and characterised by amenorrhoea, we read that ‘a strong thirst would beset the patient’ (δίψα ἰσχυρὴ μιν λήψεται), together with the mental signs of bruxism, faintness, wandering and troubled sleep; at *Prorrh.* 1.16 (76.14–77.1 Polack = 5.514.9 L.¹⁰⁰), patients with mental afflictions may be ‘thirstless’ (βραχυπότηαι).¹⁰¹ A reference to ‘the phrenitics’, οἱ φρενιτικοί, is found in the corresponding passage in *Coac.* 95 (124.25–6 Potter = 5.602.21–604.1 L.), οἱ φρενιτικοὶ βραχυπότηαι, ψόφου καθαρπτόμενοι τρομώδεις σπασμώδεις. Cases of *phrenitis*, or in any case patients who are of mental interest, are thus qualified with the term βραχυπότηαι, ‘drinking little’ – a conceptualisation that further supports the view that drinking is singled out as relevant *per se*.

3.3.6 Pica

Sources from our period also recognise a particular form of eating disorder, the eating of inedible items such as earth, wood or metals, recognised in modern clinical classifications under the name ‘pica’. Medicine today regards pica as relatively common and somehow natural when it occurs in early childhood. It can also appear in connection with certain deficiencies at later stages of life (especially with iron deficiency in the blood) or during specific states, such as pregnancy or mental disorder. In our texts, we read about it in *Coac.* 333 (182.17–19 Potter = 5.656.3–6 L.): ‘in children of seven years, weakness together with a loss of natural colour, rapid breathing when on the road (καὶ πνεῦμα ἀλιζόμενον ἐν τῇσιν ὁδοῖσι) and a desire to eat earth (γῆς ἐπιθυμία) indicate a spoiling and dissolution of the blood (αἵματος φθορὴν καὶ ἔκλυσιν σημαίνει)’. Apart from the correctness of the intuition about blood and eating compulsion, we find

indirect evidence for the mental relevance of the ψόφος comes from a Roman comedy: this, of all signs, is used by Plautus in his *Menaechmi* (and probably by his Greek model as well) as one of the stock phenomena expected to characterise the insane, as a *medicus* interrogates a ‘patient’ who is suspected of being mad: *dic mihi, enumquam intestina tibi crepant, quod sentias?*, ‘Tell me, do your intestines rumble sometimes, for what you can feel?’, and the patient replies scathingly, *quando essurio, tum crepant*, ‘When I haven’t eaten, then they rumble!’ (924–7). This suggests that this gastric sign might have been typically associated with mental illness, especially melancholic. Vaughan (1919) 21–2 and Tamburnino (1909) 62 associate these noises with the belief in personified diseases entering the body, or in forms of possession by daemons; Tamburnino (62) quotes Porphyrios in support of this interpretation, associating the noise (*homines crepitus ventris reddant et malis libidinibus commoveantur*) with the foreign presence within the sufferer. These appear, however, to be later superimpositions of daemonic interpretation onto the medical sign.

¹⁰⁰ Note that aphorisms 1–39 are devoted to mental issues.

¹⁰¹ See pp. 214–16.

here a reaffirmation of the connection between a physiologically unnatural behaviour, eating earth, and the quality of blood that dominates the relationship with food.¹⁰²

At *Prorrh.* 2.31 (281.15–16 Potter = 9.64.11–12 L.), the pathological behaviour concerns both women and men, and is associated with a bad complexion and headache:¹⁰³ ‘in those youths who have bad colour for a long time, continuously and not of the icteric kind, these suffer, male and female, from headaches, and they consume both stones and earth (καὶ λίθους τε καὶ γῆν τρώγουσι), and have haemorrhoids’.

A clear element of mental pathology is instead taken for granted at Arist. *EN* 1148b27–9, here in a normative context. This suggests the existence of a *locus communis* regarding pica, a phenomenon Aristotle knew to be widespread: ‘these states [of abhorrent behaviour] are brutish (θηριώδεις), but others arise as a result of disease (in some cases, as a result of madness (διὰ μανίαν), as with the man who sacrificed and ate his mother, or the slave who ate the liver of his fellow), while others are morbid states, connatural or resulting from custom (αἱ δὲ νοσηματώδεις ἢ φύσει ἢ ἐξ ἔθους), e.g. the habit of plucking hair from the head or gnawing the nails, or even coals or earth (τριχῶν τίλσεις καὶ ὀνύχων τρώξεις, ἔτι δ’ ἀνθράκων καὶ γῆς)’.¹⁰⁴

3.3.7 Drunkenness

The effects of wine drinking, especially in excess, are widely recognised in ancient cultures with rich details of social and psychological (much more than medical) relevance. Wine drinking is a moment of bonding and intimacy among peers, it offers relief from the cares and worries of the day, it often accompanies – and may enhance – erotic encounters, and

¹⁰² The first-century CE physician Soranus recognised the disorder as characteristic of pregnant women and as having a mental quality (1.53.51–2 Sor. *Gyn.* = 38.21–30 Ilberg): ‘one must oppose the desires of pregnant women for harmful things (ταῖς δὲ πρὸς τὰ βλαβερὰ τῶν κυουσῶν ἐπιθυμίαις) first by arguing that the damage from the things that satisfy the desires in an unreasonable way harms the foetus just as it harms the stomach ... If, however, they feel wretched, although one should offer them nothing during the first days, some days later one should do so; <for> if they do not obtain what they want, the body, through the despondency of the soul, they actually grow physically thinner (εἰ δ’ ἀνισαρῶς ἔχοιεν, κατὰ μὲν τὰς πρώτας ἡμέρας οὐδὲν προσενεκτέον, ὕστερον δὲ καὶ μετὰ τινος ἡμέρας, μὴ τυγχάνουσαι <γάρ> ὧν θέλουσιν τῇ δυσθυμίᾳ τῆς ψυχῆς ἀπισχυοῦσιν καὶ τὸ σῶμα); see Bolton 2015, 278 n. 54; Porter 2015, 292 n.24 on this passage). For pica as a cultural phenomenon in female patients and its link to the history of the ‘green sickness’, see King (2004) 103–7, and 94–116 on the role of nutrition in the representation of female health, development and attitudes to sex. See Matentzoglou (2011) 176–7 on related retrospective diagnoses.

¹⁰³ See King (2004) 60, discussing the altered complexion and pica *vis-à-vis* ‘green sickness’.

¹⁰⁴ Trans. W. D. Ross, adapted.

it is indulged in for other reasons as well;¹⁰⁵ but it can also lead to shame and outrage when taken to excess. In this sense, the views of the ancients were in all respects consonant with our own. When Euripides at *Ba.* 283 defines wine as a ‘cure against suffering’ (φάρμακον πόνων), therefore, we need not give the expression a medical significance, or at least not in any technical sense.¹⁰⁶

¹⁰⁵ For such poetic, non-medical traditional ideas about wine, a good early survey is already offered by Galen, *Quod Anim. Mor.* 3 (40.1–42.2 Müller = IV.777–9 K.). See Clark (1993) 32, 35; Jouanna (1996/2012) 173–93 on wine and medicine in ancient Greece; Laes’s preamble to Gourevitch (2013) 73–5.

¹⁰⁶ For a non-scholarly survey of substance-related mental alterations in the ancient world, see Vaughan (1919) 23–4. One might mention the myth of Lycurgus’ insanity and impiety towards Dionysus, characterised as drunkenness in some versions of the story and in iconographic sources (Aesch. *Lycurg.* fr. 124.1 Radt, where beer drinking is mentioned, βρύτον; Hyg. *Fab.* 132 [*Liberum*] *cum negaret deum esse uinumque bibisset et ebrius matrem suam uiolare uoluisset, tunc uites excidere est conatus, quod diceret illud malum medicamentum esse quod mentes immutaret*); the Egyptian recipe prepared by Helen at *Od.* 4.220–1 (αὐτίκ’ ἄρ’ εἰς οἶνον βάλε φάρμακον, ἐνθεν ἔπινον | νηπενθές τ’ ἄχολόν τε, κακῶν ἐπὶ λήθον ὅπάντων, ‘at once she put a drug in the wine, of which they were drinking, a drug capable of combatting pain and anger, of bringing forgetfulness of all evils’; and again the definition of wine at Eur. *Bacchae* 279–83 as bringing cessation of pain (ὁ παύει τοὺς τάλαιπῶρους βροτούς | λύπης), and as source of sleep and relief (ὑπνον τε λήθην τῶν καθ’ ἡμέραν κακῶν | διδῶσιν) and cure against exhaustion (φάρμακον πόνων). A maddening quality is also attributed to boxwood honey from certain parts of Pontus at ps.-Arist. *Mirab.* 18 (831b24–5) (I follow here the discussion in Forbes 1966, 90–2): cf. Xen. *Anab.* 4.8.18, ‘the Egyptian who ate this honey became mad (ἄφρονες ... ἐγίγοντο), vomited and had diarrhoea, and could not stand upright’ (ὀρθὸς οὐδεὶς ἐδύνετο ἵστασθαι). The effect varied depending on the quantity of honey ingested: ‘those who had eaten a little resembled very drunk people, while those who had eaten a great deal resembled madmen, or even in some cases dying men ... there was great despondency (πολλὴ ἦν ἄθυμία)’. No one died as a consequence, but on the following day ‘around the same time, they came back to their senses; on the third or fourth day they were able to stand up, as happens in cases of drugging’ (ἀμφὶ δὲ τὴν αὐτὴν πῶς ὥραν ἀνεφρόνουν) τρίτῃ δὲ καὶ τετάρτῃ ἀνίσταντο ὥσπερ ἐκ φαρμακοποσίας). Cf. also Strabo 12.3.18 on the ‘crazing honey’ of the Heptacomitae, ‘which they extract from tree twigs’ (τοῦ μαινομένου μέλιτος ... ὃ φέρουσιν οἱ ἀκρεμόνες τῶν δένδρων), which the locals used to defeat Pompey’s army; finally, Pliny *Nat. Hist.* 21.76, where the quality of this honey is associated with the rhododendron flowers harvested by the bees (*aiud genus in eodem Ponti situ, gente Sannorum, mellis, quod ab insanis, quam gignit, maenomenon vocant. id existimatur contrahi flore rhododendri, quo scatent silvae*). These accounts show the presence of notions of dosage, intoxication and recovery span. As far as psychoactive drugs with a therapeutic use are concerned, hellebore becomes notorious and attains antonomastic status as cure (and comic trope) for insanity in non-medical contexts (see e.g. Aristophanes, *Vesp.* 1489; the verb ἐλλεβορίζω, absent from the Hippocratic texts, which later means ‘bring someone to his senses’, as in Dem. 18.121). The drug is a powerful emetic, one of the most used herbs in our sources and more generally employed for purging (see Leven 2005, 398). Galen (*ad Thras.* 24 = V.846.15–16 K.) mentions a doctor (ἱατρός) who is a ἐλλεβοροδότης, ‘hellebore-giver’, alongside an οἰνοδότης, ‘wine-giver’; the qualification of this figure as a psychiatrist is rightly discounted by Stok (1996, 2283). The term is plausibly a bit of irony on Galen’s part directed against excessive specialisation in medicine. At the same time, however, it confirms the symbolic significance of the drug, which had become the cure for mental suffering *par excellence* (see Padel 1995, 48–9 for poetic imagery and references to hellebore). In addition, Chaniotis (1995) 328 mentions an inscription from a corpus dated to the second–third century CE where someone’s insanity (μανικὴ διάθεσις) is blamed on a poison given by his mother-in-law (*TAM* V.1.318). In the Hippocratic texts, a drug is mentioned for those who feel suicidal at *Loc. Hom.* 39 (74.19 Craik = 6.328.16–17 L.), ‘mandrake root’ (μανδραγόρου ρίζαν);

In the medical sphere, wine is used therapeutically and is often mentioned as part of a prescribed regime.¹⁰⁷ All the same, it can also be part of a pathological picture: θώρηξις, μέθη and simply πότοι indicate wine drinking as well as drunkenness leading to ‘hangover’ (κρασιπάλη).¹⁰⁸ Wine drinking is forbidden in certain cases, as at *Morb.* 2.51 (189.6–7 Jouanna = 7.80.7–8 L.), where in cases of consumption of the back ‘let the patient refrain from drunkenness, sexual activity and exertion other than walks’ (θωρηξίων ἀπέχεσθω καὶ ἀφροδισίων καὶ ταλαιπωριῶν ὅτι μὴ περιπάτοισι),¹⁰⁹ but is advisable in others: ‘wine drinking/drunkenness [perhaps drinking unmixed wine, i.e. heavier drinking; Jones suggests ‘neat wine drinking’] resolves strangury and dysuria’ (just as phlebotomy does: στραγγουρίην καὶ δυσουρίην θώρηξις καὶ φλεβοτομή λύει, *Aph.* 7.48, 468.6–7 Magd. = 4.590.10–11 L.).

Wine is thus an active substance unsurprisingly relevant to a variety of health complaints, and the case of mental affliction is obviously a special one: the author of *Aff.* 10 (Potter 18.25–6 = 6.218.3–5 L.) goes as far as claiming that wine is specifically to be avoided in cases of *phrenitis*, since it ‘does not benefit a deranged mind (οὐ συμφέρει τοῦ νοῦ παρακόπτοντος), in either this disease or any other one’. Among the signs specific to the mental sphere, an association with speech loss stands out; at *Morb.* 2.6a (137.9–10 Jouanna = 7.14.8–9 L.), the patient ‘immediately becomes speechless and loses power over himself’ as he is seized by pain in the head, if the event occurs due to drunkenness (ἐκ θωρηξίων), it is added later (*Morb.* 2.6b, 138.6–8 Jouanna = 7.14.20–2 L.). The patient will suffer from/die because of or recover through ‘the same things’ (ὑπὸ τῶν αὐτῶν). Jouanna interprets this passage, with the phrase ὑπὸ τῶν αὐτῶν repeated three times, as polemic against the opinion found elsewhere that

overdose with this can cause *mania* (it should be given ἔλασσον ἢ ὥς μαίνεσθαι); otherwise there is no coherent notion of psychoactive drugs in our writings or coeval sources. The use of mandrake ‘or drunkenness or other narcotic drugs’ (μανδραγόρα ἢ μέθη ἢ τιτι ἄλλω) are mentioned at *Pl. Rep.* 6 as means to gain control over the ship captain in the ‘ship of fools’ allegory (488c5).

¹⁰⁷ For a medical perspective, see Gourevitch (2013); Pigeaud (1981/2006) 477–503 on the effects of wine in medical and philosophical writings from the Hippocratics to the Imperial age.

¹⁰⁸ Cf. *Acut. (spur.)* 43 (88.19–20 Joly = 2.480.10–11 L.), ‘fasting is bad for headache and hangover’ (νηστείη δὲ πονηρὸν πρὸς τὴν κεφαλalgίην καὶ κρασιπάλην).

¹⁰⁹ Wine drinking and sexual activity are often paired in such prescriptions, both as aetiology for a disturbance occurring ἐκ ἀφροδισίων καὶ πότων (*Epid.* 3.17, case 10, 240.9–10 Kühlewein = 3.130.4 L.) or ὑπὸ ... ποσίων ἢ λαγνείης (e.g. *Morb.* 1.15, 38.11–12 Wittern = 6.166.15 L.) and in prescriptive prohibitions (e.g. θωρηξίων ἀπέχεσθαι καὶ λαγνείης, *Morb.* 2.73; Jouanna 213.14 = 7.112.7–8 L.). The observation (somehow banal) is that here too medical discussions reflect or at least engage with the wider culture, in which wine consumption and erotic encounters were traditionally associated. See also ps.-Arist. *Probl.* 3.33, Mayhew I.132.39 = 875b39, enquiring about the effects of drunkenness on the ability to have sex (διὰ τί οἱ μεθύοντες ἀδύνατοι ἀφροδισιάζειν).

drunkenness as cause should constitute a special case as far as the severity of illnesses is concerned;¹¹⁰ what the passage surely shows is that there was a discussion about drunkenness as a specific case within pathology. See at great length *Morb.* 2.22 (156.10–12 Jouanna = 7.36.14–15 L.), which opens with a note about ὀφωνή deriving from drunkenness: ‘if the patient becomes speechless as a result of drunkenness, if fever takes the patient suddenly and immediately, he recovers’ (ἦν δὲ ἐκ θωρήξιος ὀφωνος γένηται, ἦν μὲν αὐτίκα καὶ παραχρῆμα λάβῃ μιν πυρετός, ὑγίης γίνεται). The suggestion, operative also in cases of insanity caused by sleep deprivation, is that a ‘mechanical’ causation is less worrying; the disturbance should recede once the cause is removed.

Even more clearly, at *Morb.* 3.8 (76.11–15 Potter = 7.126.17–128.4 L.) we learn that when a sharp pain beginning in the head suddenly renders a person speechless – both as a consequence of drunkenness and otherwise (ἄλλως τε καὶ ἐκ μέθης) – he or she dies on the seventh day. The condition is less often fatal in cases in which it arises from drunkenness (ἐκ τῆς μέθης); ‘for if they break out their voice on the same day or the third day, they recover. Some experience this out of drunkenness (ἐκ τῆς μέθης), the others die’. Wine intoxication as aetiology thus means that the disorder is reversible and less threatening than others, although it creates an acute quality: the affection is sudden and of quicker resolution.

This judgement is found again in later authors, especially with reference to the association between mental disorders and drunkenness. Aretaeus, for instance, in his discussion of μανία, distinguishes insanity due to intoxication from ‘genuine’ pathology (*De Causis et Signis Diut. Morb.* 1.6, 3.41.13–18 Hude):¹¹¹ ‘for if fever should come on at any time, it would not owe its peculiarity to *mania*, but to some other incident. For the wine inflames to delirium in drunkenness (ἐκφλέγει γὰρ καὶ οἶνος ἐς παραφορήν ἐν μέθῃ); and certain edibles, such as mandragoras and hyoscyamus, induce madness (ἐκμαίνει). But these affections are not called *mania*; for, springing from a temporary cause, they quickly subside, but *mania* has a settled quality (τὸ δὲ ἔμπεδον) in it.’

Drunkenness is thus associated with mental illness (silence in the examples we have seen from *De Morbis* 2 and 3, and illnesses similar to μανία in Aretaeus as cause or element of co-morbidity); but it is sudden, acute and temporary, as opposed to the ἔμπεδον character of the mental disease

¹¹⁰ Jouanna’s edition of the text (1983) 138 n. 4 *ad loc.*

¹¹¹ See also Rufus, *Questiones Medicales* 204.28–9 for a distinction between insanity ἐπὶ τοῖς ἐνδοθεν and ἐπὶ τοῖς ἔξωθεν (the latter meaning intoxicant substances).

proper, as Aretaeus refers to it. This is also made explicit by the author of *Probl.* 30.1 (Mayhew II.280.17–19 = 953b17–19) in regard to *melancholia*, when he says that ‘wine produces extraordinary results, not for a long time but briefly, whereas nature produces them permanently, for as long as someone exists’ (ὁ μὲν οὖν οἶνος οὐ πολὺν χρόνον ποιεῖ περιττόν ἄλλ’ ὀλίγον, ἡ δὲ φύσις αἰεὶ, ἕως τις ἂν ᾖ). The rootedness of the idea of wine having a psychopathological potential is testified to by *Epid.* 4.15 (98.1–2 Smith = 5.152.16–154.4 L.), the case of a young man presented as ‘the first to have delirium’.¹¹² His is a fatal illness at whose centre lies madness, and the doctor’s guess is that wine is the culprit: ‘the cause, I think: he drank much undiluted wine just before going mad’ (προφάσιος οἶμαι πιεῖν ἄκρητον συχνὸν πρὶν ἐκμανῆναι ὀλίγω).¹¹³

A theoretically more elaborate explanation for the effects of wine on intelligence is offered in the haematocentric discussion of *Flat.*, at 14 (122.6–10 Jouanna = 6.112.5–8 L.). Here we find a physiological version of the traditional presentation of wine as a remedy against the worries of life: ‘in cases of drunkenness, when the blood has increased in quantity, the soul and the thoughts in the soul change’ (μεταπίπτουσιν αἱ ψυχαὶ καὶ τὰ ἐν τῇσι ψυχῇσι φρονήματα); the ills of the present are forgotten, but there is confidence that the future will be happy. The effect of wine is to increase blood production, which is followed by cognitive and emotional effects of a soothing kind.

The extent of the interest at the turn of the fourth century in the physiological action of wine on human bodily and mental states is apparent from the pseudo-Aristotelian *Problemata*, to which we now return briefly. Book 3 (871a1–876a28) is entirely devoted to the topic and associates heavy wine consumption/drunkenness with, among the other things, sensitivity to cold (1), male sterility (4), trembling (τρέμουσιν, 5, 26), an inability to have sex (11, 33), tears (24), troubled sleep (25) and a stumbling tongue (γλῶττα πταίει, 31, proposing that in drunkenness ‘the soul also stumbles’¹¹⁴). The most interesting parallel for the notion of wine affecting the

¹¹² ‘First’ in a certain unspecified location, most likely (ὁ πρῶτος παρενεχθεῖς).

¹¹³ Outside of medical texts, the potential of wine to cause derangement is in the background at Herodotus 3.34.2, where the φιλοινίη (not ‘alcoholism’ but ‘love or devotion to wine’, Asheri et al. 2007, 432 *ad loc.*) of Cambyes is mentioned and immediately understood by Cambyes himself as an alleged explanation of his mad behaviour.

¹¹⁴ ‘Is it because in the state of drunkenness, the soul, being affected as well, stumbles? So when the soul is in this condition, it is reasonable that the tongue is also in the same condition; for the source of speaking is from the soul’ (ἢ διότι ἐν ταῖς μέθαις ἡ ψυχὴ συμπαθῆς γινομένη πταίει: τῆς ψυχῆς οὖν τοῦτο πασχούσης εἰκὸς καὶ τὴν γλῶτταν ταῦτ’ ἀσχεῖν· ἀπ’ ἐκείνης γὰρ ἡ τοῦ λέγειν ἀρχή).

soul is found at *Probl.* 3.16 (Mayhew I.114.24–37 = 873a24–37): drunkenness can be of two types, a view that appears almost ‘bipolar’. The author asks, ‘Why does wine make people both *stupefied/hazy* in their mind and *frenzied*? For the dispositions are opposite; for the latter actually involves more movement, the former less. Is it just as Chaeremon said: “For wine is mixed with the character of those who consume it”?’ (διὰ τί ὁ οἶνος καὶ τετυφωμένους ποιεῖ καὶ μανικούς; ἐναντία γὰρ ἡ διάθεσις· ὁ μὲν γὰρ μᾶλλον ἤδη ἐν κινήσει, ὁ δὲ ἦττον. ἢ ὥσπερ Χαιρήμων εἶπε, ‘τῶν χρωμένων γὰρ τοῖς τρόποις κεράννυται’). This distinction between τετυφωμένοι and μανικοί reminds us of that between the phlegmatic and bilious kinds of μανία that can hit those afflicted by the sacred disease, the μαινόμενοι ὑπὸ φλέγματος and the μαινόμενοι ὑπὸ χολῆς at *Morb. Sacr.* 15 (27.5–11 Jouanna = 6.388.12–16 L.); the first group are ‘calm’ (ἥσυχοι), the second ‘evildoers and restless’ (κακοῦργοι καὶ οὐκ ἀτρέματοι).¹¹⁵ In this instance, drunkenness is assimilated to a mental pathology, and several of the questions posed in Book 3 of the *Problemata* suggest analogies with the description of the insane analysed in Chapter 2.¹¹⁶ In the discussion of the melancholics in *Prob.* 30.1, finally, the effects of excessive wine intake are mentioned as an exemplary illustration of melancholic qualities and to explain their physiology. The author offers numerous details and nuances, tracing a realistic characterisation of the effects of drunkenness, notably sexual excitement (Mayhew 278.33–280.20 = 953a33–953b20).¹¹⁷

¹¹⁵ See Jouanna (2013) 98–103 on suggestions of such ‘binary insanity’ in the Hippocratic texts.

¹¹⁶ See Plato, *Leges* 666a–b on such assimilation or direct link between the state or ethos of the soul and its reactions to wine, here age-specific: the ‘manic disposition’ (ἐμμανῆ ξιν) of the young is opposed to the more ‘rigid’ ways, we are made to think, of those over forty, whom wine can soften up (μαλακώτερον ἐκ σκληροτέρου τὸ τῆς ψυχῆς ἦθος). The passage is quoted by Galen in *Quod Anim. Mor.* 10 (67.24–68.15 Müller = IV.809–10 K.): ‘Shall we begin by enacting that boys shall not taste wine at all until they are eighteen years of age? We will tell them that fire must not be poured upon fire, whether in the body or in the soul (διδάσκοντες ὡς οὐ χρὴ πῦρ ἐπὶ πῦρ ὀχετεύειν εἰς τε τὸ σῶμα καὶ τὴν ψυχὴν), until they begin to go to work – this is a precaution that must be taken against the excitability of youth. Afterwards, they may taste wine in moderation up to the age of thirty, but while a man is young he should abstain altogether from intoxication and from excess of wine. When, at length, he has reached forty years, after dinner at a public mess, he may invite not only the other gods but Dionysus above all to the mystery and festivity of the older men, making use of the wine he has given human beings to lighten the sourness of old age (ἐπικούρου τῆς τοῦ γήρως ἀσστηρότητος ἐδωρήσατο τὸν οἶνον φάρμακον), in order that in age we may renew our youth and forget our sorrows, and also in order that the nature of the soul, like iron melted in the fire, may become softer and so more impressionable (ῥῶστ’ [οὖν] ἀνίας καὶ δυσθυμίας λήθην γίγνεσθαι, μαλακώτερον <τ’> ἐκ σκληροῦ τὸ τῆς ψυχῆς ἦθος)’ (trans. by Project Gutenberg, adapted).

¹¹⁷ There are different types and graduations of drunkenness depending on the quantity of wine consumed. The articulation is one of ethical traits and emotional excesses, ‘while one finds them chilled and silent when they are sober, having a bit too much to drink makes them more talkative, while even more makes them eloquent and bold, and, proceeding to action, they become reckless;

If we move on to the Hippocratic patients, intoxication from wine drinking shows a connection with insanity in the case of male patients; what is described is not the erratic behaviour of the drunk, but pathologies that emerge as a consequence of wine abuse. And so, for male patients wine-drinking habits and episodes of drunkenness feature more than once as antecedent to illnesses with mental implications. In *Epid.* 1.26, case 2 (203.12–13 Kühlewein = 2.684.12–13 L.), Silenus falls into a fever after overexertion and drinking (of wine, it is implied: ἐκ κόπων καὶ ποτῶν καὶ γυμνασίων ἀκαίρων), with mental consequences (σμικρὰ παρέκρουσε ... λόγοι πολλοί, γέλως, ὥδῃ ... σμικρὰ κατενόει: 203.20–204.3 Kühlewein = 2.686.2–9 L.). In *Epid.* 3.1, case 5 (219.8–15 Kühlewein = 3.46.10–48.6 L.), Chaerion is seized by fever ἐκ ποτοῦ, also with mental implications to follow (πάντα παρέκρουσε, παρέλεγε, λῆρος, etc.). In *Epid.* 3.17, case 10 (240.9–10 Kühlewein = 3.130.4–5 L.), Nicodemus is seized by fever as a result of drinking and sex (ἐκ ἀφροδισίων καὶ πότων). In *Epid.* 3.17, case 16 (244.17 – 245.3 Kühlewein = 3.146.8–148.1 L.), a youth in Meliboea also παρέκρουσεν as a result of drinking and sex.¹¹⁸ At *Epid.* 5.2 (2.8–9 Jouanna = 5.204.8–9 L.), Timocrates ‘drank much wine and went insane from black bile’ (ἔπιε πλέον· μαινόμενος δὲ ὑπὸ χολῆς μελαίνης). In general, excessive wine intake has negative effects,¹¹⁹ often in association with sexual activity also perceived as excessive, and with degrees of implication for the mental state of the patient.¹²⁰

still more drinking makes them insane; and a great deal more relaxes them and makes them stupid, like those who are epileptic from childhood, or even the melancholic’ (παραλαβών γὰρ ἀπεψυγμένους ἐν τῷ νήφειν καὶ σιωπηλοὺς μικρῶ μὲν πλείων ποθεῖς λαλίστέρους ποιεῖ, ἔτι δὲ πλείων ῥητορικοὺς καὶ θαρραλέους, προϊόντας δὲ πρὸς τὸ πράττειν ἱταμούς, ἔτι δὲ μάλλον πινόμενος ὕβριστάς, ἔπειτα μανικοὺς, λίαν δὲ πολλὺς ἐκλύει καὶ ποιεῖ μωροὺς, ὥσπερ τοὺς ἐκ παίδων ἐπιλήπτους ἢ καὶ ἐχομένους τοῖς μελαγχολικοῖς ἄγαν). More distinctions in ethical/emotional types of drunkenness are offered: some (ἐνιοί) become compassionate and savage and silent (953b13–14, ἐλεήμονες ποτε γίνονται καὶ ἄγριοι καὶ σιωπηλοί), some are made affectionate (15–16, φιλητικούς) and so forth. Both wine and nature determine the character of a person by the same means (διὰ τὸ αὐτὸ ποιεῖ ὁ τε οἶνος καὶ ἡ φύσις ἕκαστῷ τὸ ἦθος, 20).

¹¹⁸ Galen, commenting on this patient, speaks of the effects of sex and drink as explicitly mental (although via a neurological explanation): ‘too much drink damages (βλάπτουσι) the nerves and their source, the brain. Sexual activity also affects (λυπεῖ) them considerably, slackens one’s energy (τὴν δύναμιν καταλύει) and makes it weaker (ἀραιότεραν ἐργάζεται)’ (*Comm. Hipp. Epid.* III, 91, 186.12–14 Wenkebach = XVIIa.791 K.).

¹¹⁹ Although *Int. Aff.* 3 (84.15–17 Potter = 7.176.14–15 L.) suggests that drinking to the point of intoxication might sometimes be appropriate: ‘avoiding ... sex and drinking to intoxication, unless this is appropriate to the [specific] disease’ (ἀπεχόμενος ... λαγνείας καὶ θωρηξίων, ἢν μὴ τῇ νόσῳ πρόσφορον ᾖ).

¹²⁰ Contrast *Epid.* 7.92 (104.8 Jouanna = 5.448.4–5 L.), where Nicolaus’ son shivers after drinking, ἐκ πότων ἔφριξεν; no particular mental aspect is foregrounded, but at the end of the fourth day (105.5 Jouanna = 5.448.14–15 L.) he was ‘thirsty, disturbed in his sleep, [but] rational’ (διψώδης, ἄγρυπνος, ἔμφρων).

One final case deserves mention due to its curiosity and its somewhat ‘miraculous’ character: the baffling episode at *Epid.* 5.86 (39.9–15 Jouanna = 5.252.11–15 L.), following the drinking of undiluted wine in excess.

A youth who had drunk much undiluted wine (πουλὺν ἄκρητον πεπωκώς) was sleeping on his back (ὑπτιος) in a tent. A shining snake ([ῥφίς] ... ὀργής) entered his mouth. When he felt it, unable to decide what to do, he ground his teeth together and bit off part of the snake. He was seized by a great pain and brought up his hands as though choking/like a man being hanged,¹²¹ tossed himself about and died in convulsions (καὶ τὰς χεῖρας προσέφερεν ὡς ἀγχόμενος καὶ ἐρρίπτει ἐωυτόν· καὶ σπασθεὶς ἔθανε).

Whatever the perceived cause of this illness and of the death of the patient (the neat wine drinking, the snake or a combination of the two), there is a mental suggestion in the sudden spastic attack and feeling of suffocation.¹²² Moreover, snakes play a clear role in the popular conceptualisation of disease causation and cure (from the connection to Asclepius, to the archetypal motif of the snake bite – evident in the various versions of the myth of Philoctetes), and in personal perceptions of healing through religious procedures.¹²³

This passage has the style and form of an anecdote rather than of a patient case involving autopsy. It is very strange, even unique in terms of narrative style. Obviously no physician was present at the incident, which must have been reported by someone, but the main problem is that the vividness of the description (the gesturing of the patient as he convulses)

¹²¹ Sacks (2012) 226–7 lists among the signs of ‘hypnagogic or hypnopompic experiences’ (accompanying sleep and especially the first phase of sleep) ‘a feeling of suffocation or pressure on the chest, the sense of a malignant presence’, adding parallels from folklore regarding suffocation as content of hallucinatory experience.

¹²² I suggest, in correction of Smith’s and Jouanna’s translations, that the image may refer to a hangman or someone being strangled, ‘he brought up his hands as if he had been hanged, tossed himself about and died in convulsions’ – the image is of a hanged person, swinging the feet about and bringing the hands to the neck in the attempt to escape. Cf. *Aph.* 2.43 (396.5–6 Magd. = 4.482.9–10 L., above, p. 109), where ἀπαγχομένων seems to fit those who suffer pressure to the neck from the outside (strangulation or hanging). Compare also *Morb.* 2.68 (207.1–7 Jouanna = 7.104.1–7 L.): ‘livid disease ... his complexion, lips and the whites of his eyes become livid; he stares as if he were being strangled’ (πελιτὴ ... ἡ χροὴ πελιδνὴ καὶ τὰ χεῖλεα καὶ τῶν ὀφθαλμῶν τὰ λευκὰ πελιδνὰ καὶ ἐξορᾷ ὡς ἀγχόμενος). This ‘livid disease’ begins with headache, fever, occasional tremors and vomiting of bile, and then develops into a sense of suffocation, a dark complexion, inability to focus the gaze, livid eyes and fixed stare, and sometimes a greenish complexion (ἐνίοτε καὶ τὴν χροὴν μεταβάλλει καὶ ἐκ πελιδνοῦ ὑπόχλωρος γίνεταί).

¹²³ On the snake ὀργής, a unique term in the Hippocratic corpus, see Jouanna’s edition of the text (2003) 170–1 *ad loc.*; Jouanna (2001).

clashes with the fact that no narrator–witness materialises, nor is there any therapeutic or medical action whatsoever. The narrative appears to be first-person, given the subjective elements: ‘as he felt it’, ‘he was at a loss’ (ὅ τι ᾔσθετο, οὐ δυνάμενος φράσασθαι) and ‘great pain’ (ἀλγηδόνι μεγάλῃ). It is impossible that the patient narrated these details, however, since he died immediately. On the other hand, the description of his bringing his hands to the neck (τὰς χεῖρας προσέφερεν ὡς ἀγχόμενος) presupposes spectatorship, but no help was offered. Convulsions are here associated, it seems, with an irrational component: the non-physiological external influences, wine intoxication as well as the ominous incident with the reptile.¹²⁴ The episode as a whole is reminiscent of incubation dreams, a model that would accommodate the reference to the snake, the overwhelming subjectivity and the general brevity of the narrative.

3.4 Sex

In this section¹²⁵ I shall address the mental relevance of the functioning mechanisms and disorders associated with sexual life and sexual differentiation: sexual activity, attitudes and psychological responses to sex, and gender identity. All three are, to different degrees, indebted to the same biological quality of the individual, i.e. they have to do with the individual’s position with respect to the two main sexes, male or female. At the same time, they touch on personal inclinations and desires, sexual behaviour and intercourse, and socially constructed human identity as sexed beings. In a different way from sleep and nutrition, these are also ‘human necessities’, ἀναγκαῖα (as in the quote from the *Coan Prenotions* with which this chapter opened), where mental life expresses itself.

For our purposes, the topic can be organised into four aspects: (1) sex, sexual drive and pleasure as experiences in which mental functions are involved; (2) levels of sexual activity or sexual drive (or lack thereof) as causes of illnesses that might have a mental quality or be a marker of disturbance with mental relevance (i.e. cases in which sexual behaviour and drives are perceived as excessive or pathological) or of health, or even a

¹²⁴ See Percy (2013) 105–7 for an interpretation of this case in light of the narratives offered by Epidaurian *iamata*, with an interesting epigraphic parallel. Percy goes so far as to propose that the case ‘seems to respond to the kind of narrative inscribed [in the *iamata*] at Epidaurus’ (105). See also Ermacora (2015) for a broader anthropological reading.

¹²⁵ Drabkin (1955) already included this area of experience among those of interest to mental health in his survey; see 229 on Caelius Aurelianus, 233 on sex as cure; McNamara (2016) 317–22 on some sexual aspects in the discussion of medicalised lovesickness.

form of therapy; (3) interference with the perceived gender identity of an individual alongside his or her sexual drives and behaviours, involving personal, emotional and social aspects.

These areas are closely associated with the body and its functions, but also with the emotions and mental life of the individual. Interestingly, the topic of erotic love and its powerful, sometimes destructive, mental effects (a common theme in Greek culture and a literary topos) is entirely absent from our texts, at least in any explicit form, for both male and female physiology.¹²⁶ Some emotions are given consideration by the Hippocratic physicians (fear, grief, shame and especially anger, as we shall see in [Chapter 5](#)), but erotic love is not among them. The sexual sphere is fundamentally approached by our sources in terms of bodily experience, identical to the physiology of pregnancy and menstruation in the case of female patients and to that of sperm production and ejaculation in the males, and in the case of both sexes impacting on the general state of health.

At the beginning of *Aff.* 1 (6.14–17 Potter = 6.208.12–13 L.), for example, all affections are said to derive from bile and phlegm and their respective states, which can in turn be affected by a number of factors: ‘from food and drink, from exertions and wounds, from smell, sounds, sights and sexual activity, and from heat and cold’ (ἀπὸ σίτων καὶ ποτῶν, καὶ ἀπὸ πόνων καὶ τραμάτων, καὶ ἀπὸ ὀσμῆς καὶ ἀκοῆς καὶ ὄψιος καὶ λαγνείης, καὶ ἀπὸ τοῦ θερμοῦ τε καὶ ψυχροῦ). Sexual activity is straightforwardly treated as a key aspect of regime and has direct effects on the balance of the bodily humours. In the same way, in the dietetic advice of *Regimen* λαγνείη is subject to prescription (or prohibition) on numerous occasions (e.g. *Vict.* 1.35, 154.27 Joly-Byl = 6.520.7 L., λαγνείησιν ἐλασσόσι χρῆσθαι; 3.68, 196.16–17 Joly-Byl = 6.596.9 L., χρῆσθαι δὲ καὶ λαγνείη πλεον ἐς ταύτην τὴν ὥρην; 3.73, 206.4–5 Joly-Byl = 6.614.8–9 L., λαγνείης ... ἀπέχεσθαι) and is mentioned for its physiological effects (λαγνείη ἰσχναίνει καὶ ὑγραίνει καὶ θερμαίνει, *Vict.* 2.58, 182.7–8 Joly-Byl = 6.572.1–2 L.).

Sexual intercourse may appear to be capable of affecting the health of the patient in a more specific, localised way, as in the disease of the kidney described at *Int.Aff.* 17 (124.18 Potter = 7.206.10 L.). Here the disease is said

¹²⁶ As also noted by McNamara (2016). Manuli (1980) 393–4 attributes to ancient gynaecology a view of ‘sexuality’ as devoid of ‘the complexity of the psychic and physiological, ignoring and excluding eroticism’, underplaying the fact that the same is true for male patients and male physiology in our texts (on which, see Dean-Jones 1992, 49–50). For surveys of the scholarly debate on attitudes towards female sexual experiences in ancient gynaecology, see Hanson (1990) 311–13; Dean-Jones (1995) 41–2; King (2011).

to be caused by sexual activity (γίνεται δὲ καὶ ἀπὸ λαγνείης ἢ νοῦσος); the patient has pains in the side of the body, and (although male) 'has the same experience as a woman in labour' (πάσχει ὁκοῖα γυνὴ ὠδίνουσα), in that he cannot lie on his healthy side but only on the affected one.

The idea of sexual physiology as responsible for a clear-cut form of derangement, which it would be wrong to interpret as moral deviance, is exploited by Plato in his discussion of mental disorder in *Timaeus*, which combines the bodily account with behavioural and mental considerations. *Tim.* 86c3–d1:

if the seed of a man's marrow grows to overflowing abundance like a tree that bears an inordinately plentiful quantity of fruit, he suffers a long series of bursts of pain, or of pleasures, as far as his desires and their fruition are concerned. These severe pleasures and pains drive him mad (ἐμμανής), for the greater part of his life his body has made his soul diseased and witless (νοσοῦσαν καὶ ἄφρονα) and people will think of him not as sick, but as willfully bad (ἐκὼν κακός), which is untrue. The truth (δοξάζεται· τὸ δὲ ἀληθές) about sexual overindulgence (τὰ ἀφροδίσια ἀκολασία) is that it is a disease of the soul (νόσος ψυχῆς) caused primarily by the condition of a single stuff which, due to the porousness of the bones, flows within the body and renders it moist.¹²⁷

Such an explicit interconnection of sexual drives and their overall ethics and psychology with hard physiological terms is not found in other sources, and is very far from our medical texts. Despite the pronounced technical character of Plato's language in this section of the dialogue, he is pursuing a completely different agenda in his account of human physiology – a cosmological one, whose normative concerns are extraneous to our material. The early physicians were utterly unconcerned with self-restraint, decency or moderation as a moral ideal.¹²⁸ The discussions explored in what follows nonetheless ascribe to the sexual sphere mental implications that are comparable on a number of levels to *Timaeus*' statement once we replace ethical deviance with the idea of imbalance and pathology. This approach of the Hippocratic physicians obviously diverges from the emotional accounts of sexual or erotic passions (and intemperance in them) known from other literary sources of the classical period or prior to it. All the same, it would be an oversimplification to say that our texts restrict themselves to the corporeal sphere. Mental

¹²⁷ Trans. D. J. Zeyl.

¹²⁸ Dean-Jones (1992) 57–8 appears to exaggerate in the extent to which she differentiates between male and female sexualities in the Hippocratics; in fact, no recommendation or celebration of male *enkrateia* over sexual drives is found in our texts.

aspects are involved; what is missing is a focus on individual, personal psychology and a concern with the ethics of temperance that occupied the philosophers.

Compare and contrast the disease described at *Morb.* 2.51 (188.8–18 Jouanna = 7.78.14–23 L.), already quoted earlier for its prescription of abstinence from wine drinking:

Consumption of the back arises from the marrow; most often it occurs in newly-weds and in those fond of sex (νεογάμους καὶ φιλοτάγνους). They have no fever and eat well, but still they melt away. If you ask the patient, he will say that starting from his head he feels something crawling down his spine, like ants. When he passes urine or defecates, copious moist semen comes forth; he begets no offspring, and he has nocturnal emissions whether he sleeps with a woman or not. When he walks or runs, especially uphill, panting and weakness overtake him, his head feels heavy and his ears ring. When, in time, violent fevers befall this patient, he perishes from one of the remittent variety.

A physiological (we would say skeletal or muscular) condition, ‘consumption of the back’, is connected with individuals who engage in intense sexual activity, either because they have just married (as appears to be suggested) or because they lead a promiscuous life. Some signs in this illness (labelled as affecting the structure of the body, the spine and marrow) have a mental quality: the patient’s self-report about a crawling sensation (οἶον μύρμηκος), itself a neurological symptom,¹²⁹ a heavy head and buzzing in the ears. This combination of signs belonging to the mental spectrum, on the one hand, and a completely physiological import, on the other, nicely illustrates the approach to sexual life in our texts: quite uninterested in moral considerations and primarily rooted in the physiology of the body. In this way, even when the discussions have a bearing on the patient’s mental life or hint at emotional involvement, this is spelt out in the language of physiology.

3.4.1 *The Physiological and Mental Functioning of Sex, Sexual Desire and Pleasure*

Let us begin with the quite technical account of the physiology of human sexual activity in *Gen.* 1.1 (146.3–148.10 Giorgianni = 7.470.1–472.4 L.) and 4 (152.3–153.11 Giorgianni). These are unique examples of a focused discussion of sexual intercourse that addresses the processes of sexual arousal and

¹²⁹ See p. 152 n. 159.

pleasure in connection with the bodily stimulation that causes it and the reproductive purpose it should fulfil. The first passage:

The law governs all: the male sperm comes from the moisture found in the whole of the body, the strongest part of it being separated out of this. The proof of this, that the strongest part is separated, is that when we have intercourse, although we ejaculate only a small quantity, we become weaker. It happens thus: the veins and sinews in the whole body extend into the genitals, and when these are caressed, heated and filled, a sort of pleasant itching invades them and as a consequence a feeling of pleasure and warmth occupies the whole body. As the genitals are stimulated by contact and a person moves, the humour in the body grows warmer, flows forth and rushes out because of the movement, and it becomes foamy, just as all other fluids become foamy when shaken; thus also in a human being the strongest and fattest part foams and separates itself from the fluid, and passes to the spinal marrow (for they lead to this part from everywhere in the body), and so it travels from the brain, to the loins, to the whole body and to the marrow, and paths stretch out from it, so that the fluid both arrives there and moves out again. When the sperm reaches this marrow, it exits down the nerves; for this is how the path proceeds through the veins, and if the kidneys are ulcerated, blood too is sometimes carried along. But down from the kidneys the sperm goes through the centre of the testicles into the genitals, and it reaches there not through the urinary tract, but by another way that is close to the latter. So those who have wet dreams do so for the following reasons: when the moisture in the body is set in motion and grows warm, either because of exercise or for some other reason, it becomes foamy.¹³⁰ And as [the foam] is separated from the rest of the fluid, *an image as of sexual intercourse presents itself*; for the fluid behaves here *just as* it does when the man is having sex. But I shall not deal further with *dreams* and the entire disease and what the effects are, and why they replace the *experience of orgasm*. This is what I had to say about the topic.¹³¹

νόμος μὲν πάντα κρατύνει, ἡ δὲ γονὴ τοῦ ἀνδρὸς ἔρχεται ἀπὸ παντὸς τοῦ ὑγροῦ τοῦ ἐν τῷ σώματι ἐόντος τὸ ἰσχυρότατον ἀποκρίθην· τούτου δὲ ἱστόριον τόδε, ὅτι ἀποκρίνεται τὸ ἰσχυρότατον, ὅτι ἐπὶ τὴν λαγνεύσωμεν σμικρὸν οὕτω μεθέντες, ἀσθενέες γινόμεθα. ἔχει δὲ οὕτω· φλέβες καὶ νεῦρα ἀπὸ παντὸς τοῦ σώματος τείνουσιν ἐς τὸ αἰδοῖον, οἷσιν ὑποτριβομένοισι καὶ θερμαινομένοισι καὶ πληρευμένοισιν ὥσπερ κνησμὸς ἐμπίπτει καὶ τῷ σώματι παντὶ ἡδονὴ καὶ θερμὴ ἐκ τούτου παραγίνεται·

¹³⁰ On a possible link between semen as foamy substance and the etymology for Ἀφροδίτης from ἄφρος, 'foam' (after the myth of the genesis of the goddess from the severed genitals of Kronos, which were thrown into the sea), as well as the presence of the idea in Aristotle and Diogenes of Apollonia, see Catonné (1993) 333.

¹³¹ My translation. For a discussion of this passage in terms of philosophical theories of pleasure, see Wolfsdorf (2013) 37–9.

τριβομένου δὲ τοῦ αἰδοίου καὶ τοῦ ἀνθρώπου κινευμένου, τὸ ὑγρὸν θερμαίνεται ἐν τῷ σώματι καὶ διαχέεται καὶ κλονέεται ὑπὸ τῆς κινήσιος καὶ ἀφρέει, καθάπερ καὶ τᾶλλα ὑγρά σύμπαντα κλονεόμενα ἀφρέει. οὕτω δὲ καὶ ἐν τῷ ἀνθρώπῳ ἀποκρίνεται ἀπὸ τοῦ ὑγροῦ ἀφρέοντος τὸ ἰσχυρότατον καὶ πιότατον, καὶ ἔρχεται εἰς τὸν νωτιαῖον μυελὸν (τείνουσι γὰρ ἐς τοῦτον ἐκ παντὸς τοῦ σώματος), καὶ διαχέεται ἐκ τοῦ ἐγκεφάλου ἐς τὴν ὀσφύν καὶ ἐς πᾶν τὸ σῶμα καὶ ἐς τὸν μυελόν, καὶ ἐξ αὐτοῦ τείνουσιν ὁδοί, ὥστε καὶ ἐπιέναι τοῦ ὑγροῦ ἐς αὐτὸν καὶ ἀποχωρεῖν. ἐπὴν δὲ ἔλθῃ ἐς τοῦτον τὸν μυελόν ἡ γονή, χωρεῖ παρὰ τοὺς νεφρούς· ταύτῃ γὰρ ἡ ὁδὸς ἐστὶ διὰ φλεβῶν, κῆν οἱ νεφροὶ ἔλκωθῶσιν, ἐστὶν ὅτε καὶ αἷμα ξυμφέρεται· παρὰ δὲ τῶν νεφρῶν ἔρχεται διὰ τῶν ὀρχίων μεσάτων ἐς τὸ αἰδοῖον· καὶ χωρεῖ οὐχ ὅπῃ τὸ οὖρον, ἀλλὰ οἱ ἄλλῃ ὁδὸς ἐστὶν αὐτῆς ἐχομένη. καὶ οἱ ἐξονειρώσσοντες διὰ τὰδε ἐξονειρώσσουσιν· ἐπὴν τὸ ὑγρὸν ἐν τῷ σώματι διακεχυμένον ᾗ καὶ διάθερμον, εἴτε ὑπὸ ταλαιπωρίας εἴτε καὶ ὑπ' ἄλλου τινός, ἀφρέει· καὶ ἀποκρινόμενου ἀπ' αὐτοῦ ὄρῳ παρίσταται οἷη λαγνείῃ· ἔχει γὰρ τὸ ὑγρὸν τοιοῦτο ὅπερ λαγνεύων· ἀλλ' οὐ μοι περὶ ὄνειράτων καὶ παντὸς τοῦ νοσήματος ἔτι ἐστὶ καὶ ὁκόσα ἐργάζεται, καὶ διότι πρὸ μανίης. καὶ ταῦτα μὲν ἐς τοῦτό μοι εἰρέεται.

The physiology of male ejaculation is described here in terms of a thickening and heating of the moisture in the body, in which a stronger and fatter part of the substance is somehow 'distilled' and set in motion, finally pushing its way through to the genitals and determining ejaculation. The trigger of these movements of the fluids can be an actual sexual act (λαγνείῃ) but also other forms of non-sexual stimulation, 'exercise' or 'labour' (or rubbing of some sort, ταλαιπωρίῃ). Up to this point, the description is entirely mechanical and physiological, and the subjective experience of the man (whether emotional or sensory) is not involved. The author has said that pleasure (ἡδονή) pervades the body in the process, but with no connection to the sexual act; the motion of the fluid is what determines it.

A few elements, however, suggest consideration of personal, subjective and even emotional aspects in this otherwise technical account. At the end of the discussion, the active and relational aspect is addressed, and men who ejaculate without intercourse, 'those who have wet dreams' (ἐξονειρώσσοντες), are said to *see* or *picture* (ὄρῳ) the sexual act, as the moisture behaves in all respects precisely as during one. The author thus assigns a place to subjective experience within a mechanical description that connects his narrative of sexual drive to the wider (cognitive and emotional) erotic sphere of desire and imagination.¹³² The use of μανίη at the

¹³² Compare *Probl.* 4.26, Mayhew I.168.13–14 = 879b13–14 on this interface, 'the desire arises both from food and thought' (ἡ δ' ἐπιθυμία καὶ ἀπὸ σιτίων καὶ ἀπὸ διανοίας γίνεταί).

end¹³³ to indicate orgasm¹³⁴ or more generally the height of sexual pleasure and arousal is unique, as far as I know. Nonetheless, in my view *μανίη* here cannot indicate general insanity (as it usually does), but must be read as specific to sexual experiences.¹³⁵ *μανίη* is used technically, putting a common key term of mental insanity at the heart of a bodily account of the movement and emission of fluid. We do not need to take the word as metaphorical or to interpret it strongly in the sense of mental pathology.¹³⁶ There is some indication, however, in this account of sexual arousal and gratification of a mental dimension alongside the bodily determination (humoural movements, sperm emission and heating of bodily fluids) that complements the account in the *Timaeus* by offering an entirely amoral outlook on sexual physiology.¹³⁷

In the second passage, *Gen.* 4 (152.3–154.11 Giorgianni = 7.474.14–476.16 L.), female sexual physiology is discussed. In this case, pleasure itself is made the key element in the process of intercourse. Its origin is analogous to that in men ('as the vagina is rubbed and the uterus moved during intercourse, a kind of tickling sensation befalls these parts and gives rise to pleasure and warmth in the rest of their body' (ἐν τῇ μίξει τριβομένου τοῦ αἰδοίου καὶ τῶν μητρέων κινευμένων ὥσπερ κνησμὸν ἐμπίπτειν ἐς αὐτάς καὶ τῷ ἄλλῳ σώματι ἡδονὴν καὶ θερμὴν παρέχειν)). The woman's pleasure and her ejaculation¹³⁸ depend on her eagerness (ἦν ὀργᾶ ... μίσγεσθαι, 152.10 Giorgianni) and on whether the man has ejaculated or not, as this outcome puts a stop to her warming and the pleasure she can feel (καὶ ἥδεται, ἐπὴν ἄρξηται μίσγεσθαι, διὰ παντός τοῦ χρόνου, μέχρις ἂν αὐτὴν μεθῇ ὁ ἀνὴρ· κῆν μὲν ὀργᾶ ἢ γυνὴ μίσγεσθαι, πρόσθεν τοῦ ἀνδρὸς ἀφίει καὶ τὸ λοιπὸν οὐκ ἔτι ὁμοίως ἥδεται ἢ γυνή· ἦν δὲ μὴ ὀργᾶ, συντελεῖ τῷ ἀνδρὶ ἡδομένη, 152.9–13 Giorgianni). The physical

¹³³ Littré prefers the *lectio faciliior* λαγνείης offered by the more recent manuscripts, 'why they happen before sexual intercourse'. Joly prints MV's *μανίης*.

¹³⁴ Joly, in his edition of the text (1979) 45 *ad loc.* translates 'elle tient lieu d'orgasme'.

¹³⁵ Giorgianni (2006) 149 translates instead 'vor dem Wahnsinn eintritt'; Andò (2009) 666 writes 'il motivo per cui essa precede la follia', also interpreting *μανίη* in the usual sense and marking the passage decisively in the sense of mental pathology. Likewise Potter in his Loeb edition (2012) prints *μανίην* and translates 'why they precede madness'. I see no support for this interpretation in the rest of the text.

¹³⁶ The hyperbolic use of *μανίη* for erotic intensity was conventional in poetry long before the Platonic elaboration in the *Phaedrus* and the *Symposium*. In at least one case, a related term has a strong physiological concreteness: in the Cologne epode by Archilochus (fr. 196a.51–2 West), μένος is used in a similar fashion at the key moment of the poet's sexual encounter with Neobule's sister ([ἄπαν τ]ε σῶμα καλὸν ἀμπαφώμενος / [λευκ]ὸν ἀφῆκα μένος, 'with my hands feeling all over her beautiful body, I released the white μένος'; thus Merkelbach; 'warm μένος' with West's [θερμ]όν).

¹³⁷ On this passage, see Hanson (1990) 314–15.

¹³⁸ On female seed, see below, p. 236 n. 141.

pleasure intercourse involves is thus central not only in that it represents a motivation for the action, but in that its intensity signals success ('the pleasure and warmth of the woman skyrocket at the moment the semen falls into her uterus, and then cease', ἐξαΐσσει δὲ ἡ ἡδονὴ καὶ ἡ θερμὴ ἄμα τῇ γονῇ πιπτούσῃ ἐς τὰς μήτρας, ἔπειτα λήγει, 152.16–18 Giorgianni). Sexual pleasure is thus measurable in terms of intensity and duration – women are said to feel less pleasure than men, but for a longer time, for straightforward physiological reasons (ἦσσαν δὲ πολλῶ ἦδεται ἡ γυνὴ τοῦ ἀνδρὸς ἐν τῇ μίξει, πλείονα δὲ χρόνον ἢ ὁ ἀνὴρ· διότι δὲ μᾶλλον ὁ ἀνὴρ ἦδεται, ἀποκρίνεται αὐτῷ ἐξαπίνης ἀπὸ τοῦ ὑγροῦ ἀπὸ ταραχῆς ἰσχυροτέρης ἢ τῇ γυναικί, 152.22–154.1 Giorgianni).

Reading both passages makes it clear that the subjective experience of pleasure and desire is seen as medically relevant, not only because it indicates healthy functioning, but also and most importantly because conception depends on it. This is confirmed more explicitly at *Mul.* 1.12 (8.48.15–17 L.): 'she should go to her husband again when her bleeding is no longer abundant, but minimal and of a good colour, and *she feels desire*. In the following days *she must desire her husband*, if the womb is to be in the best condition [for conception]' (καὶ αὖθις ἴτω παρὰ τὸν ἄνδρα, ὅταν τὰ ἐπιμήνια μηκέτι πολλὰ ᾖ, ἀλλ' ὀλίγα καὶ εὐχροα, καὶ ὀργᾶ. καὶ ἐν τῇσιν ἄλλησιν ἡμέρησιν ἱμεροῦσθαι χρὴ τοῦ ἀνδρὸς, ἣν ἄριστα ἔχουσιν αἱ ὑστέραι). Female pleasure is thus given attention, although in an overtly functionalist framework.¹³⁹

In the case of men, on the other hand, the author dwells on cognitive aspects such as fantasies and mental images, which are completely excluded from the discussion of female desire, the mechanics of which are somehow taken for granted. (The rather irrational ὀργάω is the main verb used in the passages quoted above and elsewhere.¹⁴⁰)

Despite all the differences in the various gynaecological accounts of our period (mostly the relevant sections of *On Generation*, *Diseases of Women* and *Nature of Women*, and some *Epidemics* cases), these two passages offer a good illustration of the Hippocratic handling of male and female sexual experience. Both share a core hygienic function and are discussed with no ethical interest or attention to emotions and erotics *per se*; male and female sex lives receive in this respect comparable attention. In one case, the term ἐξονειράζω ('have wet dreams') is even applied to women, and

¹³⁹ See Dean-Jones (1992) 70, discussing this functionalist approach to female pleasure; King (2011) 121–3 on pleasure, male and female, and sex in ancient medicine.

¹⁴⁰ See Chapter 5.

is thus disconnected from concern about the waste of generative semen but in line with the idea of a female seed that is mixed with male seed in conception: at *Mul.* 2.175 (8.358.1 L.), a woman affected by hydropsy of the womb suffers from grinding of the teeth (βρυγμός) and fever, with various complaints in her belly, and ‘has pollutions/wet dreams and fares badly’ (ἐξονειροῖ καὶ κάκιον ἔσχει).¹⁴¹ On the other hand, important divergences that bear decisively on our discussion of mental life are introduced in accord with the irreducibly different nature, material stuff and functioning of the female body from the male one (along with all the cultural meaning this difference bears). One result is a much greater development of a symptomatology of distress associated with the sexual sphere in female patients. We shall therefore look separately at these two domains, male and female sexual life, in order to explore the role played by the mental life in each of them.¹⁴²

Closer examination of the first passage from *De Generatione* suggests psychological sensitivity in the authorial voice. When discussing the details of male sexual physiology, in fact, the author writes ‘when *we* have had intercourse, although *we* ejaculate only a small quantity, *we* become weaker’ (ὅτι ἐπὶν λαγνεύσωμεν σμικρὸν οὕτω μεθέντες, ἀσθενέες γινόμεθα,

¹⁴¹ See Andò (2009) on these instances and their history in the Hippocratic texts, Aristotle and Galen. Andò’s claim that in the Hippocratic texts these emissions are seen as a ‘symptom of a dangerous illness’ (663) in males is too extreme, however, and is not supported by the evidence of the *Epidemics*. On the belief in the existence of a female seed in some ancient gynaecologies, see Hanson (1989) 45, who notes the use of the verb μίγνυμι, ‘mix’, for sexual intercourse as testifying to the idea of two seeds, one male and the other female; Hanson (1990) 315; Dean-Jones (1992) 71–4 and (1996) 168–70; King (1998) 8–9, 134, 156, (2011) III–15, (2013b) 44. For a comprehensive perspective from the standpoint of philosophy and history of science, Lesky (1950) 1233–54. On Aristotle’s theories of reproduction and their philosophical context, differently evaluated, Coles (1995) 57–9 on Hippocratic theories of generation; McGowan Tress (1999) 229–32 on our sources.

¹⁴² This methodological point is less of a truism than it might sound: the separateness of discussions and approaches to male and female bodies (and sexual spheres) is part of an important debate in historiographies of the body, lately centred on the statement by Thomas Laqueur (1990) that until modern times a two-bodies sexual model was not recognised. According to this view, the ancients conceived rather of a ‘one-sex’ body for both genders, in which the female genitalia were an introverted or underdeveloped version of the male ones (although with various forms and representations in different authors; see comments in King, 2013, 8–13, 38–40). This unhelpful and mistaken simplification is already disproven, if indirectly, by earlier studies on Greek gynaecology, implicitly in Manuli (1980); Rouselle (1980); Hanson (1989) esp. 39–40; Dean-Jones (1992, 1996, esp. 112–19), all of whom variously describe the specifics of female bodies and physiology in our texts and the antagonism between male physicians/writers and female patients; King (1998) 7–10 and (2011), who had already dismissed Laqueur’s model. Most important, King has devoted a full monograph to the inadequacy of Laqueur’s model (2013c). Part of the appeal of Laqueur’s view was its (approximate) superimposability on the Foucaultian narrative placing the birth of sexuality in the modern era. On this chapter in scholarship and histories of gender and sexuality, see King (2013c) 1–27; Holmes (2012) 26–7, 46–8, 50–3 for a theoretical discussion of the use of the ancient world in such reflections.

Gen. 1.1, 146.6–7 Giorgianni = 7.470.4–5 L.) – so that a first-person plural is preferred to describe the experience. In the classical medical writings as a whole, regardless of differences of audience, genre and style, the first-person plural is rare, and as such it is worth functional consideration here. The use of ‘we’ intuitively suggests an appeal to complicity and perhaps a sense of confidentiality in the discussion. A *TLG* search for endings in –μεν or –μεθα shows limited use (sixty-six and thirty-two examples, respectively) in the Hippocratic corpus.¹⁴³ Of specific interest are first-person plurals that evoke common experiences as human beings, as these bring physician and patient together.¹⁴⁴ A treatise in which this ‘humane’ first-person plural appears in the most meaningful instances is *De Morbo Sacro*, with reference to cognitive and sensory data: ‘we think’, ‘we reckon’, ‘we hear’, ‘we are deranged’, ‘we are manic’ (φρονοῦμεν, νοοῦμεν, ἀκουοῦμεν, παραφρονοῦμεν and μαινόμεθα) are suggestively reported in terms of common human experience, rather than objectified as the pathology of a patient cast as an inert object of observation and special categorisation. *Diseases* 4 in particular shows a comparatively high number of these plurals: ‘we drink’ (πίωμεν) at *Morb.* 4.56 (120.13 Joly = 7.606.14 L.), ‘we eat’ (φάγοιμεν) at *Morb.* 4.39 (94.6 Joly = 7.560.3 L.), ‘we desire’ (ἰμειρόμεθα) at *Morb.* 4.39 (94.7 Joly = 7.560.2 L.) with reference to the enjoyment of food, ‘we give voice’ (φθεγγόμεθα) at *Morb.* 4.56 (119.23 Joly = 7.606.1 L.) and so forth. The datum must also reflect authorial inclination, since the same author is plausibly recognised for *Diseases* 4 and *On Generation*.¹⁴⁵ To quickly illustrate the relative rarity of ‘we’ postures in our passage and other texts under discussion here, in *De Generatione* the only instance is in

¹⁴³ We should differentiate (and discount) instances of ‘authorial we’, whether *pluralia maiestatis* or plurals of category, ‘we physicians’, so to speak: several occurrences with verbs such as καλέω, φημί, οἶδα, ὀνομάζω (metalingual or epistemological) are found in different utterances. We should also discount practical references to action, such as the travelling of the physician and his entourage in the *Epidemics* (with ἐρχομαι, ἀπαλλάττομαι), or verbs expressing the adoption of therapeutic measures.

¹⁴⁴ For example, ‘we use’ (χρεόμεθα) for various aspects of regime, ‘we enjoy health’ (ὕγιαίνομεν, *Epid.* 6.8.23, 184.13 Manetti–Roselli = 5.352.8–9 L.); ‘we breath’ (ἀναπνέομεν, *Nat. Hom.* 9, 188.15 Jouanna = 6.52.16 L.; *ibidem*, 190.14 Jouanna = 6.54.19 L.); ‘we are alive’ (ζῶμεν, *Nat. Hom.* 9, 188.11 Jouanna = 6.52.13 L.); ‘we are troubled’ (ταρασσόμεθα, *Vet. Med.* 14, 136.20 Jouanna = 1.602.18 L.) for the effects of food.

¹⁴⁵ The distribution of these forms may shed light on the relationships between audience and author, and on the type of authorial voice adopted: 16% of these first-person plurals are found in *De Semine*, *De Natura Pueri*, *De Morbis* 4; 14% in *Vet. Med.*; 10% in *Morb. Sacr.*; 9% in the *Epidemics*, mostly epistemological or referring to the travelling of the physicians; 6% (with the verb ἀναπνέω and συνήμι, and for aspects of regimen) in *Regimen*; 5% in *On Fleashes*, in *Nature of Man*, *Prorrhethikon* 2 and *Diseases* 1–3; even less elsewhere. Occurrences of the pronoun ἡμεῖς (in all cases) also reflect the same pattern, occurring most often, 25% in *De Semine*, *De Natura Pueri*, *De Morbis* 4 and 15% in *Morb. Sacr.* out of a total of thirty-two instances.

our example, with reference to the experience of sexual intercourse and the weakness that follows, suggesting a gesture of generalisation (the author addresses physiology not pathology), but also a strategic appeal to ‘confidence’, one might say.¹⁴⁶

To return to our passage from *De Generatione*, we can thus tentatively propose that hints regarding the sensitive nature of the topics of sexual desire and sexual activity, and especially the interface between the two (e.g. involuntary ejaculation, exposing the gap between the economy of sperm production and the erotic fantasy usually attached to it), are present in the text but not thematised, and should be taken into consideration in patient cases in which τὰ ἀφροδίσια and the like are mentioned as a triggering factor for or cause of disease.

3.4.2 *Attitudes towards Sex; Healthy and Pathological Sexual Activity*

Sexual intercourse is often considered in dietetic discussions and in patient cases. As far as terminology is concerned, we have already encountered most of the relevant terms: τὰ ἀφροδίσια is used for sexual encounters; μίσγομαι and προσίεναι are used for intercourse with the husband in female patients, as well as συνίημι and ‘to go to the husband’ (παρὰ τὸν ἄνδρα εἶμι; in the same way we should also interpret the references to marriage as a way of resolving female health issues); λαγνεῖν/λαγνεύω and μίξις are also general terms for intercourse, with the former sometimes emphasising the physiology of sperm production and emission.¹⁴⁷

Sexual activity is a key part of the regime for both male and female patients, although in very different ways. For male patients, excessive sexual activity is highlighted as possibly pathogenic, just as wine drinking is. There are also occasions, however, when sex can be beneficial, as at *Epid.*

¹⁴⁶ Asper (2007) 333, 128 refers to the use of the Greek first-person plural in scientific texts for an anonymous ‘persona auctoris’, a form of ‘integrative we’, which he argues has a particular power to elide the distance between author and reader and to create a sense of collaboration. Other scholars have concentrated on the use of the first-person singular as a strong sign of authorial awareness: Lloyd (1987) 58–70 speaks inclusively of a form of ‘egotism’ in the authorial posture of ancient scientists, characterised by the use of the first-person singular (verbal, pronominal or both); Jouanna (1984/2012) 43–4 discusses instead the use of the first person of verbal forms (especially φημί, p. 43 n. 13) in the Hippocratic treatises as characteristic of what he sees as the group of ‘oral works’ first delivered publicly, among them *On Generation*; he does not, however, consider the plural form. See also Holmes (2013) 446, with reference to the ‘powerful first-person voice’ and the use of ‘the intensive pronoun *autos* that participate in the self-fashioning of the Hippocratic doctor; von Staden (1994), esp. 104–6 on Celsus; Totelin (2012) on Galen.

¹⁴⁷ See Catonné (1993) for the use of these terms and the specificity of the gynaecological treatises in regard to them.

6.5.15 (116.2–4 Manetti–Roselli = 5.320.1–4 L.), ‘sexual intercourse chills incipient illnesses’ (λαγνείη τῶν ἀπὸ φλέγματος νούσων ὠφέλιμον), and again ‘childhood diseases/adolescent diseases: intercourse’ (τάς ἐπαυξέας νούσους· μίξις [ψύξει]). In general, sexual excess (in association with drinking) can be a trigger or antecedent for insanity and fever in particular. For female patients, on the other hand, refusal to have intercourse is a sign of illness, while desire to have sex signals recovery; sexual intercourse and pregnancy mostly represent a solution, and are in general needed in order for female physiology to remain healthy. The Hippocratic gynaecological treatises are clear in this regard, and the relevance of sex is non-specific as to a distinction between mental as opposed to physiological disorders.

3.4.2.1 Males

Excessive sexual activity is said to play a role as part of a bad regimen in several *Epidemics* cases:¹⁴⁸ in *Epid.* 3.17, case 16 (244.17–18 Kühlewein = 3.146.8–9 L.), a youth ‘took his bed after being for a long time heated by drunkenness and considerable sexual activity’ (ἐκ πόντων καὶ ἀφροδισίων πολλῶν); these are clearly singled out as triggers, if not necessarily the cause of the illness. He exhibits ‘shivering fits, nausea, sleeplessness, but no thirst’; on the tenth day of his suffering, he is delirious but without trembling, ‘orderly and silent’ (παρέκρουσεν ἀτρεμέως, ἦν δὲ κόσμιός τε καὶ ἥσυχος). The case ends with death and is accompanied by a clear implication of insanity, ‘he was delirious, much wandering talk; on the twentieth day, he was wildly mad’ (παρεκρούσθη, πολλὰ παρέλεγεν. εἰκοστῇ, ἐξεμάνη). The manuscripts are marked here with the character φ. at the end. This is a peculiarity of *Epidemics* 3, a sort of label that is certainly not original, but undoubtedly very ancient in the tradition, since Galen knew about these signs and bears testimony to the debate regarding their significance.¹⁴⁹ The letter φ., in Galen’s view, may stand for φρενίτις or φθίσις, consumption, and the case just quoted would certainly fall under the first. Regardless of the spuriousness of this concluding diagnosis, it shows that this case appeared to early readers to be an example of *phrenitis* and thus to have strong mental implications. None of the other typical characteristics of *phrenitis* is present.¹⁵⁰ Nonetheless, the author of the φ.

¹⁴⁸ Diocles fr. 182.11 van der Eijk prescribes moderation in sexual activity, qualifying it as ‘most appropriate to people who are cold and moist and melancholic and flatulent’, the latter two being qualities Diocles clearly associates with mental disorders (see fr. 109 van der Eijk, 51–61, albeit in Galen’s commentary).

¹⁴⁹ *Comm. Hipp. Epid.* III, 2.5 (Wenkebach 83.12–13 = XVIIa 613 K.). See Jones (1923) 213–17.

¹⁵⁰ See Introduction, pp. 46–7.

‘mark’ recognised the mental pathology and attributed it to the chief mental disease available for diagnosis. This illness, with its mental component, has lust and excessive wine drinking as a trigger or antecedent cause.

A different case of sexual malfunction is that of Satyros at *Epid.* 6.8.29 (190.5–192.3 Manetti–Roselli = 5.354.6–9 L.), mentioned briefly earlier: ‘Satyros, on Thasos, nicknamed “Griffinfox/Griffinbat”, being around twenty-five, had frequent wet dreams, which often occurred even in the daytime. As he approached thirty, he became consumptive and died’ (Σάτυρος ἐν Θάσῳ παρωνύμιον ἑκαλεῖτο Γρυπαλώπηξ, περὶ ἔτεα ἑὼν πέντε καὶ εἴκοσιν ἐξωνείρωσσε¹⁵¹ πλεονάκις· προῆι δ’ αὐτῷ καὶ δι’ ἡμέρης πλεονάκις· γενόμενος δὲ περὶ ἔτεα τριήκοντα, φθινώδης ἐγένετο καὶ ἀπέθανεν).

For a reader, the name ‘Satyros’ might at first sight evoke the idea of sexual restlessness (both Aretaeus and Caelius Aurelianus later explain the name of the sexual disease, *satyriasis*, in explicit association with the mythological satyrs and their lustful nature). The name is a very common, however, in fifth-/fourth-century Greece, and we should consider the sexual pathology of the patient a mere coincidence.¹⁵² More interesting in this case is the instance, unique in the Hippocratic patient reports, of a patient’s nickname, γρυπαλώπηξ. This nickname deserves consideration, although nothing more than speculation is possible, if only because Galen too devotes some effort to explaining it in his commentary: ‘from the nickname of this man, one can conclude that the image of this Satyros was as follows: his nose was similar to that of the goshawk, inasmuch as the front of his nose was hooked. His breast was excessively narrow, so that it resembled that of a consumptive person, because his breast from the start was weak as well as small.’ Galen’s diagnosis is that of organ weakness in the chest and consumption; involuntary ejaculation would be an unsurprising manifestation of this condition, not the cause.¹⁵³

γρυπαλώπηξ is a hapax, formed as a compound of γρύψ and ἄλωπηξ. The first element indicates a mythological creature, the griffin, a mixture of a vulture of some kind and a predatory mammal, which is connected by Herodotus (3.116) and other authors with the Scythian tribe of the Arimaspi¹⁵⁴ and the mining of precious metals. ἄλωπηξ usually indicates

¹⁵¹ The term appears only in medical sources and in Aristotle.

¹⁵² As shown by a search of the *Lexicon of Greek Names*, www.lgpn.ox.ac.uk/.

¹⁵³ *Comm. Hipp. Epid.* VI (503.31–504.11 Wenkebach and Pfaff). Andò (2009) 667 accepts this Galenic diagnosis and presents Satyros as a case of *phthisis*, where the illness is anticipated by the involuntary ejaculations. The text itself, however, says that he becomes φθινώδης only in year five after the beginning of the report.

¹⁵⁴ Cf. also Herodotus 4.13.

the fox, but is used by Aristotle for an animal belonging to the last of the three classes he recognises within flying creatures, these being feathered creatures, insects and the skin-winged.¹⁵⁵ The philosopher mentions the ἄλωπηξ together with the νύκτηρις, ‘bat’, so the term may indicate a flying squirrel or a bat of a different family, according to Arnott.¹⁵⁶ An alternative to the physiological reading of the appearances evoked by the nickname (proposed by Galen: *phthisis*, tuberculosis) is to consider the image of a nocturnal animal with the rapacious and luxurious characteristics of the mythological griffin and some of the qualities of bats. In this respect, additional clues come from Aristophanes’ use of νύκτηρις, ‘bat’, at *Au.* 1296 and 1564 as a nickname for the Athenian Chaerephon. This nickname might be explained as an evocation of the man’s wild nocturnal habits and sickly, malnourished appearance.¹⁵⁷ νύκτηρις, ‘bat’, can thus be taken as a nickname signalling hyperactivity, a predilection for night life and a sickly constitution. Even if only hypothetically, we can perhaps attach these ideas also to the other chiroptera mentioned by Aristotle, the ἄλωπηξ, to understand the pathological portrayal of Satyros, which would in this way acquire an aspect of lifestyle. We remain here in the realm of speculation, although not preposterous speculation; the unique mention of a nickname should be given prominence and may reinforce an interpretation of this case as worthy of note for the physician for its personal and behavioural aspects, rather than being a simple case of *phthisis* (as in Galen) or of another purely physiological disease. The sign of the frequent wet dreams, in fact, occurs years before the patient becomes consumptive (φθινώδης). Moreover, the detail that he experienced wet dreams also during the day, and often, calls for attention. It is true that *phthisis* is associated with this sign elsewhere as well,¹⁵⁸ but it adds a mental quality. One might also compare the description of one of the blends of soul offered at *Vict.* 1.35 (156.3–5 Joly-Byl = 6.520.19 L.): ‘if water predominates further over fire in someone, such a soul will be too sharp, and they say

¹⁵⁵ *Hist. An.* 490a5–8: cf. Arnott (2007) s.vv. γρύψ and ἄλωπηξ.

¹⁵⁶ Arnott (2007) *ad loc.*

¹⁵⁷ As other testimony about this character suggests, e.g. *Clouds* 504–5 (Socrates says, ‘You will be no different from the image of Chaerephon’; and Strepsiades responds, ‘Ah! unhappy me! Shall I then be only half alive?’). Plato’s portrayal of the man at *Charmides* 153b goes in the same direction: Chaerephon is a wild character (‘Chaerephon, mad creature that he is, jumped up from their midst and ran to me, and grasping me by the hand, “Socrates,” he said, “how did you survive the battle?”’, Χαιρεφών δέ, ἅτε καὶ μανικὸς ὢν, ἀναπηδήσας ἐκ μέσων ἔθει πρὸς με, καὶ μου λαβόμενος τῆς χειρὸς, ὧ Σώκρατες, ἦ δ’ οὐ πῶς ἐσώθης ἐκ τῆς μάχης;); see also *Gorgias* 447a5 to a similar effect: Socrates blames Chaerephon and his chatting in the Agora for the fact that he is late for their appointment (αἴτιος Χαιρεφών ὅδε, ἐν ἀγορᾷ ἀναγκάσας ἡμᾶς διατρίψαι).

¹⁵⁸ As Manetti–Roselli point out *ad loc.*, 192; cf. *Morb.* 2.51 (188.14 Jouanna = 7.78.19 L.).

that these people have wet dreams.¹⁵⁹ Some also call them half mad, for this condition is in closest proximity to madness' (εἰ δ' ἔτι τινι πλέον ἐπικρατηθεῖν τὸ ὕδωρ ὑπὸ τοῦ πυρός, ὃξέα ἢ τοιαύτη ψυχὴ ἄγαν, καὶ τούτους ὀνειρώσσειν καλέουσι, οἱ δὲ αὐτοὺς ὑπομαίνεσθαι· ἔστι δὲ ἔγγιστα μανίης τὸ τοιοῦτο). Recurrent wet dreams are included among the defining features of the make-up of the soul, and one of a mentally pathological kind.

Moreover, the description of Satyros' frequent 'erotic dreaming' while awake associates him with cases of *satyriasis* discussed later by Aretaeus and Caelius Aurelianus with a wealth of detail and rich mental and moral implications.¹⁶⁰ It is instructive to recall these later representations, not in order to project onto the earlier sources a conceptualisation that was not yet there, but to reinforce the importance of details of a psychological nature found in our texts. In fact, Satyros' wet dreams during daytime (δι' ἡμέρης) can be illuminated by the accounts of *satyriasis* offered by later physicians. Aretaeus (first century CE), at *De Causis et Signis Acut. Morb.* 2.12 (34.11–13 Hude), draws a clear connection between the name of the disease, the mythological satyrs and their ithyphallic figural representations. Physiologically, the patient is in a state of continuous or prolonged erection with no possibility of release through sexual intercourse.¹⁶¹ On the other hand, there are important psychological and behavioural factors; the patients are

wrapping themselves up (περιστελλόμενοι), afflicted (ἐπίλυτοι) but in a calm way, they are stupid (κατηφέες), as if grieved by their own illness. But if the affection overcomes the patient's sense of shame, he will lose all restraint of tongue as regards obscenity, and likewise all restraint in regard to the open performance of the act, being deranged in understanding as much as

¹⁵⁹ A difficult passage, with an odd use of καλέω with infinitive. ὀνειρώσσω can mean 'dream' and is translated by Byl as 'cauchemar' (see Bartoš 2015, 195 n. 169 on the topic). The verb is found, however, in contexts that discuss sexual physiology (albeit with textual issues: *Morb.* 2.51, 188.14 Jouanna = 7.78.19 L.; *Gen.* 1, 148.2–3 Giorgianni = 7.470.22 L.).

¹⁶⁰ There is in fact a fundamental problem: the difficulty in interpreting the experience entailed by ἐξωνειρώσσω in the first place in Satyros' and other instances. Is this a 'wet dream' proper (if so, however, it could not happen during waking); is it the pathological erection with lustful phantasies that characterises the disease *satyriasis*; or is it the involuntary discharge of semen that is the chief sign in the disease *gonorrhoea*? What we know about Satyros (that a form of fantasy was involved, as suggested by the verb; that he had it also during the day; that he had it frequently) does not allow a clear grasp of the human experience behind the report.

¹⁶¹ From this point of view resembling the entirely physiological disease of *priapism* described e.g. by Caelius Aurelianus (fifth century CE, but using much earlier sources) in *Diut. Morb.* 5.9.89–90 (908.10–910.2 Bendz) as *sine ullo dolore vel consensus tentigo veretri*, to which Rufus of Ephesus (first century CE) also devoted a treatise, associating *satyriasis* and *gonorrhoea* (Σατυριασμός and Γονορροία).

in indecency; for they cannot restrain themselves ... afterwards froth settles on their lips, as is the case with goats in the rutting season, and the smell is likewise similar.

In the corresponding section of his *Curat. Acut.* 6.11 (141.23–4 Hude), Aretaeus further qualifies these patients as ‘maddened in their understanding’ through their unrestrained lust and shamelessness (προσεκμαίνονται ... καὶ τὴν γνώμην).¹⁶²

The later nosological author Caelius Aurelianus also discusses *satyriasis* at *Acut. Morb.* 3.18.175–6 (394.21–402.5 Bendz) as *vehemens veneris appetentia cum tensione ob aegram corporis passionem*, ‘a state of strong sexual desire with tentigo due to a bodily disease’, and describes in more detail the shameless behaviour of these patients and their mental state as characterised by *mentis alienatio ... desponsio, vigiliae, hallucinatio, sitis, cibis fastidium*, ‘alienation of the mind ... despondency, sleeplessness, hallucination, thirst, aversion to food’.

Most relevant to the Hippocratic passages, in *Diut. Morb.* 5.7 (902.4–906.19 Bendz) Caelius discusses *de somno venerio (quem Graeci onyrogmon appellant)*. In line with the non-pathological discussion of wet dreams dominant in fifth- and early fourth-century sources (especially *De Generatione*), he does not look at wet dreams as a pathology *per se*: *generaliter neque ilico passio est neque accidens passionis ... sed est consequens visis, quam Graeci Phantasia vocaverunt, per somnum aegrotantes adficiens ob desiderium venerae voluptatis*, ‘in general, nocturnal emissions at the outset is not a disease or even a concomitant of disease, but is a consequence of images’ (902.8–11 Bendz). Instead, the account emphasises the mental causation, the in itself normal *phantasia* of sexual or sexually attractive images in sleep. This normal experience, however, can be antecedent (*antecedens*) to serious diseases ‘such as epilepsy (*epylemsiae*), madness (*furoris*, which the Greeks call *mania*) and the like (*cuiusquam similis morbi*)’, as well as *gonorrhoea* (902.14–15 Bendz).

In these later sources, in short, there is clear evidence of an association between excessive sexual activity and moral deviation, between desires and pathologies clearly conceptualised as having a sexual factor as an important sign or element of co-morbidity, on the one hand, and a mental component, on the other. It is true that in the case of Satyros from *Epidemics* 6, only the sign is mentioned. Knowledge of the context and the afterlife of this sign, however, helps shed light on the ‘griffin-bat’.

¹⁶² See Thumiger (in press a) on *satyriasis* in late antique nosology.

An element of distress in these experiences, a sign that ἐξονειρώσσειν might have been undesirable, is apparent elsewhere in the Hippocratic sources. At *Vict.* 2.54 (174.31–176.1 Joly-Byl = 6.558.18 L.), for example, we read that a plant, the στρύχνος (perhaps the ‘sleepy nightshade’), can prevent nocturnal pollutions by cooling (‘cools and does not allow the nocturnal pollution’, στρύχνος ψύχει καὶ ἐξονειρώσσειν οὐκ ἔξι). In the description of *typhus* already mentioned at *Int.Aff.* 43 (216.13–18 Potter = 7.274.7 L.), the same datum is located within a list of mental facts: ‘unblinking eyes, crocydism, greater hunger than normal, a taste for the smell of a burning lamp, and nocturnal pollutions’ belong to the signs of *typhus*, a disease that elsewhere as well displays mental implications (καὶ τοῖσιν ὀφθαλμοῖσιν ἀραιὰ σκαρδαμύσσει, καὶ τὰς μυίας ἀπὸ τοῦ ἱματίου θηρεύει, καὶ βόρος τῶν σιτίων μᾶλλον ἔστιν ἢ ὑγιαίνων, καὶ λύχνου ἀπτεβεσμένου τῇ ὁσμῇ ἥδεται, καὶ ἐξονειρώσσει θαμινά). These concerns about nocturnal pollutions were interpreted by Foucault (and others following him) mostly as a practical worry because of the waste of vital force they represent. But there is more to the situation, as has already been shown.

The traces of sensibility regarding this subject and the inclusiveness of the first-person verbs noted in *De Generatione* (unlike in discussions of regular, everyday activities, such as eating or breathing, where expressions such as ‘we drink’ or ‘we follow a regime’ are neutral generalisations) betray a more personal approach and an attempt to treat a potentially embarrassing topic with appropriate delicacy. A history of embarrassment would be difficult to write, of course, if only because evidence *e silentio* would be, in this of all cases, the strongest sort. In general, scholars have become extremely wary of projecting onto ancient material sensibility to sexual topics in the form in which our current culture understands them. Thus, despite the controversy and criticism Foucault’s *The Use of Pleasure* caused,¹⁶³ we can agree on one point he (and Dover before him¹⁶⁴) made: that our literary sources confirm a relatively practical, mundane approach in classical Greece to sexual life and attitudes towards sex, both male and female, when these do not appear to be particularly problematic among human physiological drives and activities. Although generally true, however, this claim can be overstated. As critics noted early on,¹⁶⁵ Foucault excluded *in toto* from his reading the enormous amount of information that comes to us from ancient gynaecology and stories involving women more generally; consideration of this material would have toned down the contrasts in his

¹⁶³ Foucault (1984/1998).

¹⁶⁴ Dover (1978) 207 on the ‘rupture of inhibitions’ of the ‘late archaic and early classical period’.

¹⁶⁵ Nussbaum (1985), Lloyd (1986) and Hanson (1990) 312–13; see also comments in Holmes (2012) 100–1 on the topic.

picture. When read closely, several texts in our corpus reveal a more complex world of psychological implications and sensibilities with regard to sexual topics, a sense that they belong to a sphere of delicate private life at odds with a strong version of Foucault's reading of ancient approaches to sex. This is more evident in female cases, but I suggest that the discussions of wet dreams would also be a place to further investigate traces of sensibility in the male sexual sphere. After all, the potentially embarrassing nature of this area, notwithstanding the purely physiological and natural quality of sexual intercourse in the accounts offered by medical texts, and a sense of unease about sexual matters is implicit in the traditional term αἰδοῖα, literally 'shameful parts', 'pudenda' (also adopted by the Hippocratics)¹⁶⁶ used to refer to the genitals, and is spelt out clearly at *Probl.* 4.27 (Mayhew I.170.6–8 = 880a6–8): 'Why are those who desire to submit themselves to sexual intercourse most ashamed to admit it, but are not ashamed to admit to a desire for drinking or eating or any other such action?' (διὰ τί μάλιστα αἰσχύνονται ὁμολογεῖν οἱ ἐπιθυμοῦντες ἀφροδισιάζεσθαι, ἀλλ' οὐ πιεῖν οὐδὲ φαγεῖν οὐδὲ ἄλλο τῶν τοιούτων οὐδέν;).¹⁶⁷

A final example of wet dreams is the double case of Nicippus (mentioned above) and Critias at *Epid.* 4.57 (5.196.5–9 L.). 'Nicippus had a wet

¹⁶⁶ See Hanson (1989) 42–3, with n. 16 on this terminology.

¹⁶⁷ *Probl.* 4.27 opens by highlighting the issue of passive sex (ἀφροδισιάζεσθαι), but expands the discussion to τὰ ἀφροδίσια in general as pleasures that are superfluous (ἐκ περιουσίας). The main focus is therefore not on passivity, which is in any case not considered specifically reproachable (since the question posed would otherwise have an obvious answer). This aspect, explicit shame or unease at admitting a sexual bodily desire, is underestimated in Foucault's narrative regarding attitudes to sex in the classical age as substantially devoid of moralism and anxiety, in discontinuity with later and Christian cultures – as late antique medical testimony, for him, corroborates (1984/1986, 39; 99–123; Foucault 1984/1998, 103, however, acknowledges the continuity with classical medicine of the theme of sexual dietetics). The quote from the *Problemata* could function as a footnote to Foucault's claim that food was often a greater preoccupation for the classical ideals of Greek temperance than sex was (1984/1998, 109–16, esp. 114). More generally, the evidence under discussion here should warn us against attempts to define precise chronologies in this area of human culture. Another overstatement is the picture offered by Keuls (1995), taking Dover's periodisation to an extreme, of a 'censorious climate of the later fifth and fourth century' (261) marking 'a drastic change in public morality' (262) and a disparaging of sexual passivity. One cannot use the argument *e silentio*, i.e. that since in fifth- and fourth-century medical sources sexual reciprocity is not addressed, the responsibility for the alleged moral shift should be attributed to classical medicine as holding a normative view of sex, informed by hygienics and condemning sexual passivity as unnatural (267–71). For a convincing critique of the terms of this entire discussion (and chronology) and its excessive concern with physical penetration, sexual passivity and dynamics of dominance (and with the materiality of sex overall) in scholarship on ancient morality (especially Dover), see Davidson (2007) 122–9. Both interpretations of sexuality in the classical age as entirely mundane and functional to mechanisms of (male) power, if concerned with ideals of self-restraint and moderation, and the complementary narrative of a radical turn against non-heterosexual acts at the turn of the fourth century appear to be forced. Cf. Thumiger (in press a) for a historical discussion of ancient medicine and sex.

dream in fever (ἐν πυρετοῖσιν ἐξωνείρωξε), and it made him no worse. The same thing occurred repeatedly (πλεονάκις) and did not harm him. It was predicted that it would end when the fever reached crisis, and so it did. In the same way in a fever, Critias *was upset* by dreams of the sort that give us erections (ὑπὸ ἐνυπνίων ὥχλειτο, ὑφ' οἷων οἴδαμεν). He too stopped at the crisis.' The two cases present wet dreams as the centre of the pathology, its core area of affection, not as a mere consequence of a disorder of another kind. For the second patient, Critias, the verb ὀχλέω ('disturb, assault, trouble' – cognate with ὄχλος, crowd) is used, 'he was upset'. This is strong vocabulary among the various unspecified expressions for experiencing pathological affection in our texts (and much rarer than πάσχω, the more standard term). The choice suggests that the patient perceived the experience (in itself a relatively ordinary one) as upsetting and worth relating to the physician; he was not simply 'affected' or 'subject to', but 'troubled by' it. Moreover, in the case of this patient it is not the physiological experience of involuntary ejaculation but the sexual imagination connected to it that seems to cause distress (ὑπὸ ἐνυπνίων ... ὑφ' οἷων οἴδαμεν) – and in this case, as already noted, the physician uses a rare first-person plural to offer reassurance about the normality of the experience of erotic dreams. In conclusion, psychological attention to the topic of wet dreams seems to surface with Critias,¹⁶⁸ and more generally we can take for granted the acknowledgement of the sensitive nature of this sphere of life, even independent of societal constructions and roles, as in the case of wet dreams.

3.4.2.2 Females

Female sexuality is always expected to entail more complications and cultural implications than male sexuality, with a greater risk of anachronism and overreading. In her discussion of female bodies, King was understandably forceful in criticising psychodynamic approaches to female sexual life in Hippocratic medicine for their lack of understanding of *inter alia* the specific social condition of women at the time, and of the fact that pregnancy and intercourse belonged for them straightforwardly to the realm of female health.¹⁶⁹ On this reading, ancient female experience could not be

¹⁶⁸ The physiological nature of the event is taken for granted in *Gen.* 1 (148.2–10 Giorgianni = 7.470.24–472.4 L.), where the phenomenon is explained as naturally triggered by imagining intercourse, and indeed this is the case with Nicippus; Aristotle also discusses the physiology of the phenomenon in *Hist. Anim.* 10 (637b25–7). Hulskamp (2013) 49–50 points out that wet dreams in the Hippocratic sources are associated with an overabundance of heat in the body; see also Hulskamp (2008) 190–2.

¹⁶⁹ King (1998) 220–1.

profitably analysed in terms of the emotions or by attempting to account for the irrational aspects that Freudian readings foreground in connection with sexuality and sexual growth. This is because the socio-historical specifics within which our texts are framed determined expectations about sex and sexual activity that are simply functional and pragmatic, and devoid of opacity. This view, however, seems to impose on the ancient world a critical construct as arbitrary and remote as the one it wishes to stand in contrast to, i.e. Freud's obsession with sexuality and the subconscious. Could sexual experience ever really be a mere matter of pharmacopoeia? In addition, this extreme naturalisation of sex in our texts dismisses the genre-specific allocation of themes in the ancient sources available to us. If one looked at the topic of sexual experience (male and female) in tragedy and comedy in isolation from one another, for example, one would get two completely different, irreconcilable views of the Greek attitude towards sex.¹⁷⁰

If the physicians who wrote *On Generation* or *Diseases of Women* do not dwell explicitly on the world of darkness, fear and danger that female sexual obligations and desire (or lack thereof) involve in tragedy, for example, this side of fifth-century cultural experience cannot be set aside when we assess the wealth of mental pathologies associated with it in medical texts. An argument in support of this psychological component is already offered by the vocabulary. As Catonné observes, gynaecology adopts otherwise typical terms (λαγν-, μιξ- and ὄφρ-) only exceptionally, and generally resorts instead to expressions such as 'go to the husband', 'approach the husband' and the like, which are especially apt for conveying nuances of intention and volition as significant for the patient's health.¹⁷¹

It is true that sexual activity is a basic indicator of positive health in our texts and protects a woman's physiological well-being. References to a regular sexual life as an explicit element of bodily and mental soundness are framed within the wider picture of the patient's health. On the other hand, however, the mental distress that accompanies these illnesses is prominent, by comparison with male cases, when the negative sign of lack of sexual appetite appears. For example: blood discharge 'is mixed up' (in the literal sense, since the womb has been filled with phlegm) or 'deranged' (in a metaphorical sense, as in Littré's translation *parfois encore il y a dérangement*), 'and it appears three times a month, and because of the

¹⁷⁰ A point made by Kaimio (2002) 95–6, who instructively summarises the genre-dependent quality of attitudes to sex and female desire in the Greek testimony available to us, although excluding the medical material from her survey.

¹⁷¹ Catonné (1993) 344–5.

[excess of] moisture [the woman] does not want to have sex with her husband, nor does she have a drive for it, but she gets thinner' (κυρκανᾶται, καὶ τρίς τοῦ μηνὸς ἐπιφαίνεται, καὶ τῷ ἀνδρὶ ὑπὸ τῆς ὑγρότητος οὐκ ἐθέλει μίσγεσθαι, οὐδ' ὀργᾶ τοῦτο δρᾶν, καὶ λεπτή γίνεται, *Mul.* 1.57, 8.114.11–13 L.). If we take κυρκανᾶται as a mixing up of the blood that can cause derangement, the resulting lack of sex drive becomes one of the signs in a syndrome in which mental suffering is also a central factor. We have already observed the centrality of blood production and motion in the female body as determinant for appetite disturbances, and frequently with mental consequences. Another branch of the same tree, so to speak, is here the refusal to have sexual intercourse, which appears again and again. Consider the description at *Mul.* 2.177 (8.358.19–360.7 L.): the author reports that the patient suffers from the presence of air in her womb (ἄνεμος ἐν τῇσι μήτρῃσι) together with headache, wandering, speechlessness, suffocation and desire to die, before continuing as follows:

She leaps about violently, startled by the pain, and does not go to her husband (τὸν ἄνδρα οὐ προσίεται), greatly resents her marital bed (σφόδρα ἄχθεται τὴν εὐνήν),¹⁷² and cannot stay upright, and it is as if something heavy was pressing on her womb, her head aches, and she wanders in her mind and is speechless (ἄλυει, καὶ ἀναυδός); when the fit of pain takes her, she screams and is shaken by pain everywhere, hips and pubis and bottom, her abdomen retains her urine, she experiences suffocation and passionately desires to die (ἐρᾷ θανεῖν), the *hypochondria* are stretched, her stomach is bitten, her mouth is bitter (πνίγεται, καὶ θανεῖν ἐρᾶται, καὶ ὑποχόνδριον τιταίνεται, καὶ στόμαχος δάκνεται, καὶ στόμα πικρόν), and she vomits strong, acidic matter, belches repeatedly, and (thus) her condition is alleviated.

This is in many respects a typical gynaecological picture for these sources: the womb and the genital area are both cause of the illness and affected part. Refusal to have intercourse thus appears to be natural when there is pain in the genital area. On the other hand, mental aspects (suffocation, headache, wandering) are clearly recognisable, and with emotional overtones; not only general cognitive impairment but suicidal desires are included. The reference to sex comes in two formulations, 'she does not go to her husband' (τὸν ἄνδρα οὐ προσίεται), and 'she greatly resents her marital bed' (σφόδρα ἄχθεται τὴν εὐνήν). Littré's interpretation is that the second explains the first, meaning that 'sex was painful for her'. This would be somehow redundant

¹⁷² Littré chooses a strong physiological interpretation, 'le coit lui cause beaucoup de douleur': the sexual act is painful for her.

and contradictory: if she does not have contact with her husband, she has no sex with him, painful or not; unless one takes οὐ προσίεται to indicate only lack of initiative on the woman's part, rather than abstinence altogether. I propose to give the second sentence a more construed interpretation. εὐνή, the traditional term for the marriage bed and marital union (sexual or not), is uncommon in our sources, appearing only four times in the Hippocratic texts and only once with a clear, concrete sexual meaning, at *Mul.* 2.145 (8.320.11–12 L.), where ἐν τῇ ἡλικίῃ ἢ ἐν εὐνῇ εἶναι means 'to be at the age for sexual intercourse'. I therefore suggest that in καὶ τὸν ἄνδρα οὐ προσίεται, καὶ σφόδρα ἄχθεται τὴν εὐνήν the second sentence elaborates on the first: the woman does not have intercourse with her husband, or she does not approach him and is indeed *strongly adverse* to the idea of marital sex; σφόδρα, ἄχθεται, τὴν εὐνήν are more intense terminological choices. 'To be weighed down, be oppressed' (ἄχθομαι), moreover, is used elsewhere in our texts for subjective responses and mental facts.¹⁷³

In conclusion, rather than picturing the view of female sexual experiences as entirely reduced to physiology and reproductive functionality, I propose recognising the possibility of a level of psychological distress. As already noted with reference to food and lack of appetite in female patients, sex drives and activities are in these contexts physiological matters of bodily health, on which no Freudian approach in search of forms of 'sexual frustration' to be exorcised could shed much light. Nonetheless, the rich, detailed portrayals of mental distress and sometimes emotional intensity in the gynaecological patients is specific to women and to a disorder in the patients' sexual life. It is thus legitimate to see these as mental syndromes in which psychological distress and personal viewpoints are involved, even if accommodated within an entirely physiological view.

The most overt illustration of the convergence of bodily causation and mental disturbance is offered by *Virg.* 3 (24.1–7 Lami = 8.468.9–17 L.), a

¹⁷³ Cf., much to the same effect, *Mul.* 2.179 (8.362.5 L.), 'she resents sexual intercourse violently' (ἄχθεται σφόδρα τῇ συνουσίῃ); *Epid.* 6.8.10 (174.1–2 Manetti–Roselli = 5.348.2 L.), 'concerning the mind: ... it is vexed and feels pleasure' (τῆς γνώμης ... ἄχθεται καὶ ἡδεται); *Morb.* 2.15 (149.7–8 Jouanna = 7.28.6 L.), 'he is vexed by noise' (τῷ ψόφῳ ἄχθεται). In light of all these passages, we should revise Hanson's reading of female sexual pleasure or desire in the Hippocratics as being quite unimportant, based exclusively on the strictly reproductive agenda of *On Generation* or *Sterile Women* (Hanson, 1990, 314–15); Keuls's rendition of 'the medical view of sexuality' (1995, 267) is also partial ('passive or responsive sexuality virtually goes unrecognised, and female sexuality and sexual pleasure are rarely acknowledged' in ancient medicine overall). For a non-medical parallel, one is reminded of Eur. *Med.* 233–4, where the heroine states that the most grievous of all evils (κακοῦ ... τοῦτ' ἔτ' ἄλγιον κακόν) brought by marriage to a woman is precisely 'to acquire a master/owner of your body' (δεσπότην ... σώματος | λαβεῖν) – an expression I take to be explicitly sexual.

rich description of the pathology that hits unmarried women as a consequence of an excess of blood in the body that finds no external outlet due to a closure in the passages:¹⁷⁴

When the situation is such, she rages from the acute inflammation, becomes murderous from the putrefaction, is frightened and afraid from the darkness; they desire to throttle themselves from the compression around their heart, and their mind, being distraught and dismayed from the bad state of the blood, tempts them to a further evil. She names frightful things, and they urge [such women] to take a leap and to throw themselves down wells or to hang themselves, as being better and in every way advantageous. But when there are no visions, deprived of [any reason for] pleasure the woman loves death as something good.

ἐχόντων δὲ τούτων ὧδε, ὑπὸ μὲν τῆς ὀξυφλεγμασίης μαίνεται, ὑπὸ δὲ τῆς σηπεδόνος φονᾶ, ὑπὸ δὲ τοῦ ζοφεροῦ φοβέεται καὶ δέδοικεν, ὑπὸ δὲ τῆς περὶ τὴν καρδίην πίεσις ἀγχονὰς κραίνουσιν, ὑπὸ δὲ τῆς κακίης τοῦ αἵματος ἀλύων καὶ ἀδημονέων ὁ θυμὸς κακὸν ἐφέλκεται ἕτερον [δὲ]· καὶ φοβερά ὀνομάζει, καὶ κελεύουσιν ἄλλεσθαι καὶ καταπίπτειν ἐς φρέατα ἢ ἄγχεσθαι, <ἴσα> καὶ ἀμείνονά τε ἑόντα καὶ χρεῖην ἔχοντα παντοίην· ὁκότε δὲ ἄνευ φαντασμάτων ἡδονὴν ἀφεῖς ἐρᾷ τοῦ θανάτου ὥσπερ τινος ἀγαθοῦ.¹⁷⁵

This description of disturbance is rich in mental and psychological detail, and even unique in some aspects; it is the only passage in our texts in which the danger posed by an insane individual is indicated – and least plausibly, since the reference is to young female patients. The cure for this affection is offered by the opening of the passages, allowing discharge of the excess blood through sexual intercourse: ‘I advise that these girls, when they suffer such an illness, should as soon as possible have intercourse with men’ (κελεύω δ’ ἔγωγε τὰς παρθένους, ὁκόταν τὸ τοιοῦτον πάσχωσιν, ὥς τάχιστα ξυνοικῆσαι ἀνδράσιν). In a move in all respects similar to the one observed in the case of ἀσιτίη and related terms, lack of sexual contact and mental disorder appear to be affiliated by virtue of a bodily explanation; the first may be cured by the second. In cases in which older women are affected and the pathology cannot be explained through virginal status, when signs of insanity appear with lack of sex drive or sexual activity, what is behind the situation is, arguably, the same physiological aetiology – a

¹⁷⁴ On this passage, see Hanson (1990) 323–4. See Marzari (2010) 49–53 for a summary of the gynaecology of the virgins and its parallels in mythological narratives.

¹⁷⁵ Following more closely M (ἡδονη τις ἀφ’ ἧς ἐρᾷ τοῦ θανάτου ...), accepted by Potter, the closure would point to a more positive, and deviated, wish to death: ‘there is a *kind of pleasure from which* the woman loves death’.

lack of sex and thus a failure to open the passages, causing blood engorgement. What matters for us is that the datum regarding sex is presented together with signs of mental disorder.

3.4.2.3 *Girls, Sex and Death*

The impressive narrative in *Girls*, with its heightened emotional content, goes further than any other medical text of our period in describing a mental disorder that appears to have a full psychological make-up, emphasising emotional and behavioural facts, and as such it deserves attention. This representation appears much less of an isolated testimony if we look at non-medical sources, which suggest that it is deeply rooted in the cultural paradigms of the time. This description has several points of contact with the way a woman's destiny is often represented in tragedy: women who have come of age and are unmarried must, to put it simply, die.¹⁷⁶

Particular attention is due to a description of virgin disturbance roughly coeval to *Girls*: the destiny of Antigone as described in Sophocles' play. In *Antigone*, the damage the maiden suffers is entirely of an ethical, emotional and social variety, with her body or physiological health remaining untouched until she ends her own life. Antigone, as the Sophoclean version of the myth presents the story, opposes the orders of her uncle Creon, the king of Thebes. A fratricidal war has pitted her brothers, Eteocles and Polynices, against one another. The latter has marched against the city with an army; the siege ends with the brothers killing each other in a duel. Creon decrees that the body of the traitor Polynices be left on the ground unburied, a prey to dogs and birds. Antigone rebels against the diktat from this secular authority and, following the command of a familial 'unwritten law' – respect and love for one's kin – performs the funerary rites. Creon discovers her actions; she refuses to yield to his power and is condemned to death by imprisonment and starvation, a death she prevents by hanging herself.¹⁷⁷ The characterisation of the maiden Antigone is closely centred

¹⁷⁶ The play that thematises the topic most fully is Aeschylus' *Suppliants*, the first (and only surviving) play of a trilogy that ended positively with marriage. (The next two plays in the trilogy were *Egyptians* and *Danaids*; see Garvie 1969, 163–97, Johansen and Whittle 1980, 1.23–5, Sommerstein 2009, 141–52 for discussion.) In the first play, the Danaids persist in a refusal to marry their Egyptian cousins, whom they have escaped by fleeing from Egypt to Argos; the men are now in pursuit of them. In their panicked flight, the girls express again and again their desire to die as the only way to escape a hated union with the men, an event evoked with open reference to sexual acts (see Thumiger 2013c, 33).

¹⁷⁷ A mode of death already described here as significant, and with a precise physiology that has mental implications, that of suffocation (see Chapter 2, pp. 102–8). On female hanging, see King (1998) 77, 80–5, 201; Hanson (1986) for a comparison with tragic imagery; Cantarella (1991) 21–6 on myths, images

on the obsessively reiterated motif of a 'marriage with death' in refusal of a real, human marriage,¹⁷⁸ and insists on the girl's madness, marked by ἄτη, a special, age-specific type of insanity that returns again and again. Antigone herself says ironically to Creon (469–70), 'if you think my actions foolish, that amounts to a charge of folly by a fool' (σοὶ δ' εἰ δοκῶ νῦν μῶρα δρῶσα τυγχάνειν | σχεδόν τι μῶρῳ μωρίαν ὀφλισκάνω). She stubbornly chooses death over repentance, an attitude the king with his male authority describes as a 'love for the dead': 'then go below and love those friends [the dead], if you must love them!' (κάτω νυν ἔλθοῦς, εἰ φιλητέον, φίλει κείνους, 524–5). Antigone, however, presents this as her own choice: 'for you [referring to her sister Ismene] choose to live, I to die' (σὺ μὲν γὰρ εἴλου ζῆν, ἐγὼ δὲ κατθανεῖν, 555). Her refusal to yield and choose life results in trading her marriage with Creon's son Haemon, to whom she is promised, for a deal with Hades, 'it is Hades who will prevent this marriage for me' ('Αἰδης ὁ παύσων τούσδε τοὺς γάμους ἐμοί, 575).¹⁷⁹ Marriage as an alternative to death, and death replacing marriage are the backbone of a sustained allusion: 'you shall never marry this woman while she is alive!', 750 (ταύτην ποτ' οὐκ ἔσθ' ὥς ἔτι ζῶσαν γαμεῖς); 'bring the hateful creature, so that she may die at once close at hand, in the sight of her bridegroom', 760–1 (ἄγαγε τὸ μῖσος, ὥς κατ' ὄμματ' αὐτίκα παρόντι θήσκη πλῆσια τῷ νυμφῳ); the famous choral hymn to Eros 'undefeated in battle' (ἀνίκατε μάχαν, 781–801), which has baffled critics for its awkward position at the turning point in the story, also connects Eros with the death of a virgin; at the final stage, as she is taken to death, Antigone sings her own special *hymaeneion* (806–16),¹⁸⁰ a nuptial song that ends on the promise 'I shall be a spouse to Acheron' (Ἀχέροντι νυμφεύσω); and the invocation 'O tomb, o marital bed!' (ὦ τύμβος, ὦ νυμφεῖον, 891). These are only some examples from a thick web of erotic and funeral associations.

and rituals evoking hanged and swinging virgins (as well as with a reference to the topic in *Girls*). Hall (1997) 109–10 mentions Hippocratic gynaecology in connection with the necessity of male patronage for female survival in Greek tragedy and for the taming of 'transgressive wives'.

¹⁷⁸ The parallel between funeral and marriage (for a female), both as life experience and ritual performance, is characteristic of Greek culture and the tragic genre (see Seaford 1986), and its specifically female significance reaches well beyond a 'rite of passage' pattern. For a survey of the motif in tragedy, see Rehm (1994), and more generally Ferrari (2002) 189–94.

¹⁷⁹ The marriage of a young maiden (to Hades) as an event that arouses horror and calls for appeasement is found as early as the (probably) seventh century BCE at the centre of the *Homeric Hymn to Demeter*, which tells the story of Persephone's kidnapping by Hades as she played with her girlfriends, the anguish of her mother Demeter as she looked for her, and the final composition of a deal between 'husband' and 'wife' and her divine parents.

¹⁸⁰ On this passage, see Griffith (1999) 267, 'Greek marriage and funeral ceremonies had many similarities, esp. from the bride's perspective'.

The visual and dramatic peak is reached at the end, after Antigone has hanged herself, and her fiancé, upon finding her, resolves to ends his own life as well by the sword. These lines have a very material, physiological feel (1234–41):

εἴθ' ὁ δῦσμορος
 αὐτῷ χολωθείς, ὥσπερ εἶχ', ἐπενταθεῖς
 ἤρεισε πλευραῖς μέσσον ἔγχος, ἐς δ' ὕγρον
 ἀγκῶν' ἔτ' ἔμφρων παρθένῳ προσπτύσσεται
 καὶ φυσιῶν ὀξεῖαν ἐκβάλλει ῥοήν
 λευκῇ παρειᾷ φοινίου σταλάγματος.
 κεῖται δὲ νεκρὸς περὶ νεκρῷ, τὰ νυμφικὰ
 τέλη λαχὼν δέιλαιος εἰν Ἄιδου δόμοις.

Then the wretched man,
 furious with himself, just as he was pressed himself
 against the sword and drove it, half its length, into his side.
 still conscious he embraced the girl
 in a damp clinch, and shooting forth
 a sharp jet of blood he stained her pale cheek.
 He lay, a corpse holding a corpse,
 having achieved his marriage rites, poor fellow, in the house of Hades.¹⁸¹

A reverse or grim parody of a sexual act is staged here: the approach of the two bodies, the driving of the sword into Haemon's ribs, the 'wet embrace', the emission of fluid. But the bride is dead, the groom is 'wretched' (δῦσμορος) and 'furious' (χολωθείς), the ejaculation is blood that sprays the cheek of the virgin (ῥοήν λευκῇ παρειᾷ φοινίου σταλάγματος).¹⁸² This is not the first time Greek tragedy characterises eros with death and insanity.¹⁸³ But no one has emphasised how the representation of the virgin Antigone

¹⁸¹ Trans. adapted from Lloyd-Jones' translation.

¹⁸² See Griffith (1999) 339 *ad loc.*, 'the sexual associations are strong ... as the fatal "marriage" is consummated'.

¹⁸³ See also Thumiger (2013c) 38 on another example of blood replacing semen in the destiny of extraordinary women – Aeschylus' Clytemnestra, who paroxysmically recalls stabbing her husband, whose blood spurted onto her and filled her with joy like a cropfield wetted by rain – another grim reversal of the clichéd sexual image (βάλλει με ... χαίρουσαν οὐδὲν ἥσσουν ἢ διοσδότῳ γάνει σπορητὸς κάλυκος ἐν λοχεύμασιν, *Ag.* 1388–92). On this passage, see also Fraenkel (1950) 1391, discussing the medical overtones of the language. Conversely, Euripides works the theme of the sacrificed virgin, prevented by death from reaching sexual completion, into a topos: Polyxena (*Hecuba*), Iphigenia (*I4*) and Andromeda (*Andromeda*). Especially in cases of sacrifice and spilled blood, it is impossible not to associate the narratives of virginal death at the hand of a male (often unwilling and a family member) to the medical fundamental that female health is conditional on bloodletting, which only sexual intercourse with a male can secure. The Hippocratic choice of a parallel between menarche and the flow of blood from sacrificial victims at *Mul.* 1.6 (8.30.16–17 L., χωρέει δὲ αἷμα οἶον ἀπὸ ἱερείου) thus appears to be a far from neutral example, as noted by King (1998) 88–98 and (2004) 11.

(usually analysed in terms of political theory or for its relevance to feminist discourses, which are not in point here) is matched with striking precision by medical theories about the necessity of sexual intercourse for a woman's health, with emphasis, in the *Girls* passages, on mental health and 'danger' both to herself (suicide) and others (violence). Antigone, says Haemon cryptically to Creon at 751, 'will die and by her death she will destroy another' (ἥδ' οὖν θανεῖται καὶ θανοῦσ' ὀλεῖ τινά: this means, in the events of the play, that he himself will commit suicide and destroy Creon, his father, as a consequence). The construction of the Sophoclean Antigone is a useful counter-text to tie the combination of death, missed marriage and insanity to its cultural background. Beyond the poetic complexity of the Sophoclean text, the obsessive insistence on linking perpetual virginity with insanity and self-annihilation shows that sex and sexual life are immediately connected with emotional distress and mental health. These elements are reflected in the medical representations as well. As suits drama, Antigone's insanity is characteristically presented 'in action': resistance to authority, rejection of her subordinate role as a woman, refusal to marry and suicide by hanging. The Hippocratic treatise on the virgins, on the other hand, names names when describing the pathological state; insanity, hallucinations and depressive and suicidal thoughts afflict these maidens.

The Hippocratic authors generally discard personal and emotional aspects in favour of external signs. The passage in *Virg.* 3 (24.1–15 Lami = 8.468.9–17 L.) exceptionally comes close to an attempt to portray the feelings, inclinations and reasoning of a female individual that *Antigone*, if in a different guise, also exposes well.¹⁸⁴ The distress regarding sexual activity felt by many of the suffering women in *Diseases of Women* is also clarified by these two texts; fifth-century Greeks were definitely concerned by the deep interrelations between sexual drives and activities and the mental sphere, especially in the case of women, and attempted to account for them in different ways in medical writings and other genres.

3.4.3 *Sexual Differentiation and Gender Identity*

Sexual identity is a very different topic from sexual activity and attitudes towards sex, and takes us into the realm of cultural categories and roles. This topic is naturally more tightly interlaced with social convention, and has to do with the mental health of the individual in yet another sense.

¹⁸⁴ This text, as noted already, is the most psychologically rounded of the entire collection, and these unique aspects of style – the ability to construct a tridimensional narrative – are in line with this character. On the exceptional case that *Girls* represents in this sense, see also Sassi (2013) 415–16.

The information about the physiology and overall experience of abnormal sexual differentiation in our texts once again displays no explicit subjective psychological associations. A relevant discussion is found at *Vict.* 1.28 (144.15–146.5 Joly-Byl = 6.500.23–502.22 L.), which introduces a tripartition as far as sex determination is concerned (with possible further ramifications). This tripartition is located at the moment of conception for any living creature (πασι τοῖσιν ἐμψύχοισιν), depending on the combination of male and female secretion and the parent it comes from (both father and mother, in fact, can produce both male and female seed¹⁸⁵). The first two kinds are souls conceived from both parents secreting male seed in the first case, and female seed in the second. These two categories of individuals are ‘bright in their soul and strong in their body’ (λαμπροὶ τὰς ψυχὰς καὶ τὸ σῶμα ἰσχυροί) and weaker but still ‘courageous’ (ἀνδρεῖοι) respectively. The third case is described as follows (*Vict.* 1.28, 144.30–146.2 Joly-Byl = 6.502.16–19 L.):

If male [seed] be secreted from the woman, but female from the man, and the male get the mastery, it grows just as in the former case, while the female diminishes. These turn out ‘men–women’ and are correctly so called.

ἦν δὲ ἀπὸ μὲν τῆς γυναικὸς ἄρσεν ἀποκριθῆ, ἀπὸ δὲ τοῦ ἀνδρὸς θῆλυ, κρατήσῃ δὲ τὸ ἄρσεν, αὖξεται τὸν αὐτὸν τρόπον τῷ προτέρῳ· τὸ δὲ μειοῦται. γίνονται δὲ οὗτοι ἀνδρόγυνοι καὶ καλέονται τοῦτο ὁρθῶς.

Just as soul capacities and ethical traits are associated with the other two different mixtures, one might imagine that ἀνδρόγυνοι would have similar congenital characteristics. These are left unexplored, however, in the passage. The section closes with a comment that integrates the physiological level into a broader discussion of regime and ethical training: ‘These three kinds of men are born, and vary as to being more or less of this sort depending on the blend of the parts of water and *on nourishment, education and habits*’ (*Vict.* 1.28, 146.2–5 Joly-Byl = 6.502.19–22 L., τρεῖς μὲν οὖν αὗται γενέσεις τῶν ἀνδρῶν, διάφοροι δὲ πρὸς τὸ μᾶλλον καὶ ἥσσον τὸ τοιοῦτον εἶναι διὰ τὴν σύγκρησιν τοῦ ὕδατος τῶν μερέων καὶ τροφᾶς καὶ παιδείας καὶ συνηθείας). The ‘gender’, if we can take τὸ τοιοῦτον εἶναι as expressing that qualitative, ethical component to sexed identity (degrees of courage, brilliance and the like, as above), depends on a combination of factors other than the simply physiological, involving the psychological and ethical sphere through habit and training.¹⁸⁶

¹⁸⁵ On female seed see p. 236 with n. 141 above.

¹⁸⁶ For a more deterministic prognosis of the gender of offspring, cf. *Epid.* 6.4.21 (98 Manetti–Roselli = 5.312.10–11 L.), where under the topic τράγος there is a discussion on how to predict the

Another early testimony on gender differentiation is a fragment of the sixth-/fifth-century BCE philosopher Parmenides preserved for us in the Latin translation of Caelius Aurelianus (*Diut. Morb.* 4.9.134–5, 850.15–24 Bendz). The passage suggests an explanation of sexual disturbance again connected to the moment of conception:

Femina virque simul Veneris cum germina miscent,
 Venis informans diverso ex sanguine virtus
 Temperiem servans bene condita corpora fingit.
 Nam si virtutes permixto semine pugnent
 Nec faciant unam permixto in corpore, dirae
 Nascentem gemino vexabunt semine sexum. (8 B 18 D–K)

When man and woman mingle the seeds of love that springs from their veins, a formative power maintaining proper proportions moulds well-formed bodies from this diverse blood. For if, when the seed is mingled, the forces contained therein clash and do not fuse into one, *then cruelly*¹⁸⁷ *will they plague with double seed the sex of the offspring.*

Dirae ... vexabunt sexum: a struggle between the female and the male components at conception causes damage in the newly generated body, a ‘double sex’. The terms Caelius uses in his translation are strongly evaluative – *dirus*, ‘cruel’, for the faulty generating principles, and *vexare*, ‘to oppress, to plague’, for the pathological effect; which Greek word he is translating with *sexum* is impossible to guess.¹⁸⁸ It is also impossible to divine if the Parmenidean original meant to indicate cases of bodily sexual non-conformity (hermaphrodites, transgender individuals, eunuchs) or sexual tendencies and behaviours.¹⁸⁹ Caelius or his source cannot be trusted as he interprets in the second sense, saying that *Parmenides ... eventu inquit conceptionis molles aliquando seu subactos homines generari*, ‘Parmenides ...

gender a father will generate by looking at which testicle descends. (The idea that the gender of the offspring depends on the role played by the left or right testicle seems to go back to Parmenides, as reported by Galen; see Lesky 1950, 1263–93; Diels 1897, 44 B 17 D–K; King 1998.) For τράγος, Smith (1994) 241 translates ‘lubriciousness’, Manetti-Roselli ‘puberty’ (following the comments in the Galenic *Comm. Hipp. Epid.* VI, 4.28 245.21–246.12 Wenkebach and Pfaff = XVIIa.212 K.).

¹⁸⁷ I follow Drabkin’s translation. Likewise Lesky’s interpretation (1950) 1272 (*dirae* = ‘grauenvoll’); Schrijvers (1985) 42, 45 unconvincingly interprets ‘*Dirae*’ (capitalised) as the Furies. It is of course possible that Parmenides is here reconstructing what he calls the view of δόξα as opposed to truth; in either case, for our purposes this account of sexual differentiation disturbance is useful for establishing the background to our medical texts. On this passage, see more extensively Schrijvers (1985) 52–62.

¹⁸⁸ See Diels (1897) 44 for a reverse Greek translation of this passage.

¹⁸⁹ See in this respect Diels (1987) 44, who reads this as a discussion of effeminate men, masculine women or hermaphrodites. Wilamowitz-Moellendorff (1913) 72 n. 1 reads it as a description of homosexual tendencies correctly interpreted by Soranus (here meaning = Caelius Aurelianus), and contrasts the monstrous description of hermaphrodites (ἀνδρόγυνοι) at Pl. *Symp.* 191e.

indicates that effeminate men or *pathics* sometimes come into being as a result of a circumstance at conception', attributing to the philosopher an ethical judgement about those affected by this status, as well as identifying it with a behavioural fact: passive homosexual habits, not any particular bodily form. This has much to do with Caelius Aurelianus' outlook, as evident in his derogatory discussion of forms of homosexuality as a whole; what this quote tells us is that a source as early as Parmenides recognises deviance from normalised sexual behaviour and/or sexual differentiation as a disorder and represents it suggestively as a 'troubling' (of the *sexum*).

No examples of hermaphroditism are offered in our texts. Instead, we find instances of the other types of disorder of sexual differentiation, what Graumann calls 'unidirectional sexual transformation'.¹⁹⁰ The three relevant cases in the medical sources have to do with both male and female identity.

The first is an ethnological case, that of the Anaireis discussed at *Aer.* 22 (238.6–241.20 Jouanna = 2.76.12–82.5 L.) as well as by Herodotus in his section on the Scythians, *Hist.* 1.105.¹⁹¹ The case is introduced in the medical treatise thus (238.6–9 Jouanna = 2.76.12–14 L.):

The great majority of the Scythians become 'like eunuchs' ['impotent', in Jones's misleading translation], do women's work and also converse like women. Such men are called Anaireis.

ἐτι τε πρὸς τούτοισιν εὐνουχίαί γίνονται [οἱ] πλείστοι ἐν Σκύθησι καὶ γυναικεῖα ἐργάζονται διαλέγονται τε ὁμοίως καὶ αἱ γυναῖκες καλεῦνται τε οἱ τοιοῦτοι Ἀναιριεῖς.

¹⁹⁰ Graumann (2013) is the most important exploration to date of the ancient medical sources on intersex states and 'disorders of sex differentiation', also in the light of current medical and ethical debates. The sources regarding real cases he identifies (of two types: bisexuality and unidirectional sexual transformation, female to male) are all located in the period from around 314 BCE to 116 CE (184–7), while earlier mentions appear to be fictional or mythological (like the Herodotean Anaireis, on whom more below). He identifies as key ancient vocabulary ἀνδρόγυνος, ἐρμαφρόδιτος and διμορφος. Previous discussions are Delcourt (1961); Brisson (2002). See also King (2015) 255–6, and Gilbert (2000) for a broader perspective on the early modern period.

¹⁹¹ As well as *Hist.* 4.67. See Thumiger (2009) for some considerations regarding these two sources; bibliographical notes in Jouanna (2003) 334–6 *ad loc.* Herodotus (1.105.4) calls the affection a 'female disease' (θήλεαν νοῦσον), and mentions that it is explained by those affected as a lasting punishment for the destruction of the temple of Aphrodite at Ascalon: 'the Scythians who plundered the temple were punished by the goddess with the "female sickness" (θήλεαν νοῦσον), which still attaches to their posterity. They themselves confess that they are afflicted with the disease (νοσέειν) for this reason, and travellers who visit Scythia can see what state are those whom the Scythians call Anaireis are in'). Herodotus thus offers no details about the nature of the disease, but says that those afflicted are aware of it and reflect on it, and that visitors could see, ὁρᾶν, what the disease entailed (even though this 'seeing' need not necessarily represent appraisal of visual details). See Lloyd (2003) 117 for the tension between naturalistic and religious explanations in Herodotus for the phenomenon at stake; Asheri et al. (2007) 155 *ad loc.* (and 630 on 4.67, where the Anaireis are mentioned again) with parallels in the sphere of shamanic transvestism.

The expression εὐνουχία γίγνεται is problematic. Should we translate ‘eunuchs’ or ‘resembling eunuchs’?¹⁹² Moreover, does the text allude to impotence, sterility, a form of castration or simply a newly assumed social role, that of a participant in the εὐνή, the female quarters in the house?¹⁹³

The author goes on to explain in more detail that the condition of these men originates from a genital disorder, the inflammation of a vein due to frequent horseback riding,¹⁹⁴ which they try to cure through vasectomy.¹⁹⁵ This in turn causes sexual impotence. As they realise their condition is permanent, a psychological shift takes place in them. Here the mental and behavioural modification takes centre stage (239.13–240.7 Jouanna = 2.78.12–19 L.):

¹⁹² The term means ‘one who is like a eunuch’, with the suffix –ιας meaning ‘with a characteristic trait of’ (Colvin, 2007, 251). The distinction is commented on in ps.-Arist. *Probl.* 4.26 (Mayhew I.166.8 = 879b8), where the blockage of the passages that go to the penis is discussed in τοῖς εὐνούχοις καὶ ἐυνουχίαις, ‘eunuchs and eunuch-like men’ (Mayhew *ad loc.* compares *GA* 746b20–4).

¹⁹³ See the comments in Jouanna’s edition (2003) 335–7 *ad loc.*, with bibliography. ‘Eunuch’ is usually taken as indicating a state of impotence (or sometimes only sterility), which can be congenital or achieved through castration (voluntary or not, and self-inflicted or not). See Horstmanshoff (2000), esp. 102–5 for an exploration of the possibilities and terminology in Greek culture; König (2005).

¹⁹⁴ Horseback riding, genital physiology and sexual activity are seen to be connected also in *Probl.* 4.11 (Mayhew I.154.14–15 = 877b14–15), where those ‘who ride frequently (οἱ ἵππεύοντες) become more desirous of sex’. The connection is here between an exercise that weighs on the lower part of the body and affections that strike the genitals (through riding, the genital parts are said to grow larger with old age). There is also an analogy, however, between the riding movement and sexual intercourse, so that ‘as they are always engaged in this sort of movement, their bodies become free-flowing and well disposed towards sex’ (ἀεὶ οὖν τῇ κινήσει ταύτη χρωμένων εὐροα τὰ σώματα γίνεται καὶ προωδοπεποιημένα πρὸς τὸν ἀφροδισιασμόν). The short remark in a case at *Epid.* 7.122 (117.10–13 Jouanna = 5.466.23–468.1 L.) is also interesting for comparison. Here Littré prints εὐνούχος ἐκ κυνηγεσίας καὶ διαδρομῆς ὕδραγωγὸς γίνεται. ὁ παρὰ τὴν Ἐλεαλκέος κρήνην, ὁ περὶ τὰ ἕξ ἔτεα ἔσχεν ἵππουριν τε καὶ βουβῶνα καὶ ἱξιν καὶ κέσματα. Smith places the first stop after κρήνην, translating ‘the water carrier by the spring of Elealeus, who became a eunuch from hunting and running’. Against this reading, Jouanna (2003) 269 points out that the opening words of such cases in *Epid.* 7 are always the subject of the illness, not the predicate, and leaves the full stop after γίνεται, translating ‘a eunuch, through hunting and running, becomes hydropic’. ὕδραγωγὸς appears only here in our sources, however, and the word generally means ‘water carrier’ rather than someone who suffers from ‘water retention’. It is used in Galen with reference to drugs that can produce watery motions, but is not attested as a name for a patient, so that it is legitimate to interpret the passage as another description of how a patient may ‘become a eunuch’ through the activities of hunting and running.

¹⁹⁵ They ‘try to cut a vein behind each ear’ (δυσισθεν τοῦ ὠτὸς ἐκατέρην φλέβα τάμνουσιν). Compare *Gen.* 2 (148.19–150.2 = 7.472.12–16 L.), where in a discussion of eunuchs it is said that ‘those who are incised behind the ears are able to have intercourse and to ejaculate, but [the seed] is limited in amount, weak and sterile, for the greatest part of the seed flows from the head past the ears into the spinal marrow, and this passageway becomes solid [= blocked] due to the scar’. On blockage in the movement of semen from the cranium along the spine, see also *Probl.* 1.57 (Mayhew I.332.23–29 = 897b23–29), apparently suggesting this as an explanation for the fact, reported also at *Aph.* 6.28 (454.1 Magd. = L. 4.570.5), that eunuchs never become bald (and women and children are not bald either, and castrated bulls have bigger horns); see Lesky (1950) 1238–42.

After this treatment, when the Scythians approach women but cannot have intercourse with them, at first they take no notice of it and think no more about it. But when two, three or even more attempts are made with no better success, thinking that they have sinned against the god to whom they attribute the cause, they put on women's clothes, holding that they have lost their manhood, and play the woman and with the women do the same work women do.

οἱ δὲ μετὰ ταῦτα, ἐπειδὴν ἀφίκωνται παρὰ γυναῖκας καὶ μὴ οἱοί τ' ἔωσι χρῆσθαι σφίσι [αὐταῖς], τὸ πρῶτον οὐκ ἐνθυμεῦνται, ἀλλ' ἡσυχίην ἔχουσιν· ὁκόταν δὲ δις καὶ τρις <καὶ> πλεονάκις αὐτοῖσι πειρωμένοισι μηδὲν ἀλλοιότερον ἀποβαίνει, νομίσαντές τι ἡμαρτηκέναι τῷ θεῷ ὃν ἐπαιτιῶνται, ἐνδύονται στολὴν γυναικείην καταγόνοντες ἑωυτῶν ἀνανδρεῖην γυναικίζουσί τε καὶ ἐργάζονται μετὰ τῶν γυναικῶν ᾧ καὶ ἐκείναι.

We have here, and in the whole passage, an exceptional display of medical and social anthropology with reference to a primarily psychological condition, bringing together a perceived feeling of inadequacy as males (or presented as such, at least, with the privative ἀνανδρεῖην), and a choice to play the social and familial role typical of females (γυναικίζω, another ambiguous term). This has an organic cause, the inflammation and ensuing vasectomy, but a primarily subjective and cultural quality: the (mistaken) attempt at therapy, and the fact that these men are seen by others as sacred and are venerated as such (as we read later). What interests us here is the psychological, subjective side of the disease, the way it is narrated as psychological and social experience from the point of view of the Scythians Anaireis themselves.¹⁹⁶

Interestingly, and significantly, Galen's commentary on this passage concentrates on the aspects of the illness caused by riding (and other factors) and on the vasectomy, quickly mentioning the sexual identity aspect as a 'failure to succeed with women', 'not approaching women' and 'sterility' (inability to conceive), with no mention of the psychological and social aspect that is paramount in Hippocrates.¹⁹⁷ If we had to reconstruct the disease of the Anaireis from his commentary only and did not have the

¹⁹⁶ This does not dismiss the possibility of an organic disease being in question here; see Lieber (1996) for a medical interpretation of the *Aer.* passage and a reading of the condition of the Anaireis in terms of iron overload (haemochromatosis). She rightly draws attention to the fact that the Scythian women are also described as suffering from gynaecological–sexual imbalances: their excessive fatness, sterility and scanty menstruations parallel the lack of libido of the men and the extreme case of the 'Royal Scythians' (*Aer.* 21, 237.3–238.5 Jouanna = 2.74.18–76.11 L.).

¹⁹⁷ *Comm. Hipp. Aer.*, trans. from the Arabic by Strohmeier (*15716 [22,1: 72,10f.]–*16812 [23,1–6: 76,5–78,2]); my translation from the German ('sie vermögen nichts bei den Frauen', 'sie nähern sich nie mehr den Frauen', 'word ihn nie mehr ein Kind geschenkt').

original or Herodotus' complementary account, we would categorise it as simply a genital inflammation. The cultural aspect, instead, must have been preponderant for fifth-century Greeks. A tragic parallel is a famous episode in which the psychological elements of self-representation and problematic identity are to the fore: the transvestism of the Euripidean Pentheus in the *Bacchae*, his (partly willing) decision to wear women's clothes, which shows an awareness of these themes and possibly even of the specific Hippocratic source.¹⁹⁸ At the centre of the play is Pentheus, who has been fighting in vain against Dionysus to prevent the establishment of his rites in Thebes, and who is now possessed and fully under the control of the god. Falling prey to a violent attack of madness, in which he hallucinates and tries in vain to understand the situation, he is led by Dionysus to consent to a trip to the mountain, where he will hide and spy upon the maenads as they engage in Bacchic rites. To do this, Pentheus must *dress up as a woman* in order not to be recognised (or so, at least, he is told). He refuses repeatedly, but appears at the same time to be tempted and even eager to join in the process (*Ba.* 822–46). At 823 he protests, 'What? should I end up as a woman from my present state as a man?' (τί δὴ τόδ'; ἐξ γυναικας ἐξ ἀνδρὸς τελῶ); and at 828, 'What robe? A woman's? But shame restrains me!' (τίνα στολήν; ἢ θῆλυν; ἀλλ' αἰδώς μ' ἔχει). Then the entire dressing up is described in detail, before Pentheus tries to resist again, 'I couldn't possibly put on women's clothes!' (οὐκ ἂν δυναίμην θῆλυν ἐνδύναι στολήν, 836). His final compliance with the god's plan, at the end of the process, is described by Dionysus as a healthy change of mind (with evident sarcasm, which implies that the opposite is taking place, a form of disease – or so the play variously represents the king's misgivings): 'Earlier you did not have a healthy mind, but *now* your mind is as it should be' (τὰς δὲ πρὶν φρένας | οὐκ εἶχες ὑγιεῖς, νῦν δ' ἔχεις οἷας σε δεῖ, 948).

I have argued elsewhere that Euripides must have had some version of the story of the Scythians in mind in his portrayal of Pentheus' very special kind of insanity.¹⁹⁹ The exchange between god and man exploits the concepts of power and gender that are brought into play by this transvestism, explicitly picturing gender reversal (feared and desired at the same time) as a function, one of the possible levels of Pentheus' mental disorder. What matters here is that an important role is played by the psychological

¹⁹⁸ See Thumiger (2009).

¹⁹⁹ Thumiger (2009) 190–1, including discussion of a striking parallel with the Herodotean portrayal of the Scythian king Scylas.

dimension in this experience, a dimension missing from the physiological explanation offered by the Hippocratic writer of the *Aer.* passage (as he blames the mistaken vasectomy), and which the religious superstitions he criticises (divine punishment as responsible for the malfunctioning) also fail to do justice to. Euripides hit very cleverly on this tension; what happens to Pentheus is only superficially a god-sent event, and in fact a major psychological experience that might easily belong to the world of pathology.

Returning to the *Aer.* passage, in the episode of the Anareis the phenomenon described is at the intersection between sexual activity, attitudes towards sex and gender identity (the Anareis' attempt at intercourse; their subsequent 'giving up'; their assumption of a female role, respectively). It is ultimately impossible to choose between an entirely bodily, an entirely cultural or an entirely psychological categorisation.

The example of interference with gender and attitudes towards sex concerns two female patients, Phaetusa and the patient next to her in *Epid.* 6.8.32, Nanno (194.5–17 Manetti–Roselli = 5.356.4–15 L.):²⁰⁰

In Abdera, Phaetusa, the wife of Pytheas, who stayed at home (οἰκουρός), having borne children in the preceding time, when her husband was in exile (ἀνδρὸς αὐτῆς φυγόντος) stopped menstruating for a long time (τὰ γυναικεῖα ἀπελήφθη χρόνον πολύν). Afterwards pain and reddening in the joints. When that happened, her body was masculinised (τό τε σῶμα ἡνδρώθη) and grew hairy all over (ἐδασύνθη πάντα), she grew a beard (πώγωνα ἔφυσε), her voice became harsh (φωνή τρηχέα <καὶ σκληρή> ἐγενήθη), and though we did everything we could to bring forth menses, they did not come, but she died after surviving a short time. The same thing happened to Nanno, Gorgippus' wife, in Thasos. All the physicians I met thought that there was one hope of feminising her (μία ἐλπὶς εἶναι τοῦ γυναικωθῆναι), if normal menstruation occurred. But in her case, too, it was impossible, though we did everything, and she quickly died.²⁰¹

In this case, the exile of the patient's husband, and thus the lack of sexual intercourse (and general absence of the man of the family), causes Phaetusa to miss her period and be 'masculinised'. In order to cure her, the physicians try to bring about her menses; they similarly attempt to 'feminise' the patient whose story follows. In these two passages, a considerable problem is posed by the meaning of the key verbs ἀνδρώω,

²⁰⁰ On this famous case, see Manuli (1980) 403–4; Hanson (1990) 51; Dean-Jones (1996) 134; King (1998) 9–10; King (2013a) 73–96, (2013b), (2015) on the reception of the case.

²⁰¹ On hair and gender in Hippocratic and Aristotelian physiology, see Dean-Jones (2003) 198–200; King (2015) 250–2.

‘masculinise’, and γυναικώ, ‘feminise’.²⁰² Elsewhere in the Hippocratic sources, ἀνδρῶσθαι means ‘to reach sexual maturity’ for males (at *Artic.* 58, 207.4 Kühlewein = 4.254.15 L.; *ibidem* 59, 208.5 Kühlewein = 4.256.10 L.); in the middle voice, it is also used in *Virg.* 3 (24.14 Lami = 8.470.2 L.) to refer to women who have been given in marriage (ἡνδρωμένων γυναικῶν). Thus no other case is helpful for the examples here. γυναικίζω and γυναικώ, on the other hand, are only used in the passages under discussion. The second verb, γυναικώ, was already encountered in the Anareis passage of *Air, Waters, Places*, in which men experience a loss of virility (ἀνανδρεῖν) that appears to indicate straightforward impotence, and then ‘take up women’s clothes’ (γυναικίζουσι) ‘and work with women at the same activities they do’. The verb seems here to indicate taking up a role (clothes, activities, even a way of speaking or talking to each other, ὡς αἱ γυναῖκες διαλέγονται ὁμοίως), with no physiological, bodily change. On the other hand, διαλέγεσθαι might be intended to indicate the pitch of the female voice (although in that case a different verb would more likely be used).

The meaning of γυναικώ and ἀνδρῶ in the *Epidemics* passage seems different and in no way ethical–behavioural. Phaetusa is not said to have, like the Clytemnestra in Aeschylus’ *Agamemnon* with her unnatural, criminal life while her husband is away, a ‘woman’s heart with manly counsels’ (γυναικὸς ἀνδρόβουλον κέαρ, *Ag.* 11).²⁰³ Her menstruation ceases and she displays bodily characteristics, hirsutism and a deep voice, but no explicit emotional, cognitive or ethical note is added, simply, ‘her body was masculinised’ (τὸ ... σῶμα ἡνδρωθῆναι). The fundamental and most significant fact is the lack of bleeding, as the following case also makes clear: for Nanno, ‘hope for her to be feminised (γυναικωθῆναι) remained’, provided the physicians could bring about her menses. For both women, therefore, the focus is on bodily sexual traits and female physiology, unlike in the *Aer.* passage, where cultural and psychological change is given far more space. This does not exclude the possibility, however, that psychological elements might be in play for these two patients as well, but were simply regarded

²⁰² Galen’s commentary (*Comm. Hipp. Epid.* VI, 506.21–507.21 Wenkebach and Pfaff) remains ambiguous about these terms; the translators from the Arabic chose ‘sie vermännlichte’ (506.32); ‘[die Frau] die Natur des Mannes annimt’ (507.11–12), ‘[sie] härteren Körper haben und dadurch den Männern ähnlich sind’ (507.16–17). Galen specifies that the gender inversion can occur both ways: ‘just as some can be found among men whose flesh is tender and soft and whose body is similar to women’s bodies, in the same way there are some women whose body is similar to men’s nature’ (507.17–21, my translation from the German).

²⁰³ See Fraenkel (1950) *ad loc.*, vol. II, 10: ἀνδρόβουλον is itself a rare word, probably created by Aeschylus for the occasion. Cf. *Cho.* 626 and ἀνδρόφων γυνή at Soph. fr. 943 Radt.

as irrelevant for a patient report, unlike in the more fully rounded anthropological survey offered by the author of *Air, Waters, Places*. It is also easier to imagine that in Greek culture aristocratic males – like the Enaireis – could elect to lead a ‘womanly life’ than that two women from Abdera could undergo the reverse process and elect a differently gendered life as a consequence of gender disturbance.²⁰⁴ The fact that these verbs are used only here at least suggests the possibility that the writer saw something more complex in these two female patients than amenorrhoea pure and simple, which is otherwise variously discussed in the gynaecological texts and in some other *Epidemics* cases.²⁰⁵ In addition, we read that Phaetusa’s pathology emerges following/because of the absence of her husband (τοῦ δὲ ἀνδρὸς ἀπύτης φυγόντος). The physiological implication is the lack of sexual activity in Phaetusa’s life,²⁰⁶ which is in line with observations already made. It cannot be ruled out, however, that the emotions brought on by the absence of her husband could also be an element of aetiology, since intercourse or lack thereof is generally explicitly indicated.

3.4.3.1 Some Later Developments

In current discussions (Western, at least in urban areas), sexual activity, attitudes towards sex and sexual activity and gender are clearly if variously kept apart both biologically and normatively. To apply the same clarity to the ancient sources is impossible; moreover, it is important not to consider antiquity as monolithic in this respect. A much later exploration of sexual activity and sexual inclination that shows clearer cultural and ethical implications deserves consideration as a term of comparison in the history of ancient medicine: the *malthacoe* or ‘pathics’ described in Caelius Aurelianus, *Diut. Morb.* 4.9 (848.15–852.25 Bendz). This fifth-century CE text is heavily reliant on Soranus’ first-century CE nosological works and, as far as this particular theme is concerned, shows close contact with the discussion of disturbances of the soul in the astrology of Ptolemy’s

²⁰⁴ Compare the case (still documented today) of the Albanian *Burrneshas* (‘sworn virgins’), women who elect to ‘become men’ by swearing a chastity oath (see Young 1998 for a report and comparative discussion of these figures; Young 2000). They are allowed to wear men’s clothes and participate in male behaviours such as smoking, drinking and taking part in typically male social occasions. The reasons behind this practice are variously interpreted (inheritance rights, protection of a widowed mother’s household, alongside individual inclination and so forth); for our purposes, it should be noted that this female equivalent of the Anaireis life choice and place within their social context has no counterpart in the Greek world.

²⁰⁵ E.g. *Epid.* 7.123 (118.2–4 Jouanna = 5.468.4–6 L.).

²⁰⁶ After a life in which she had been fertile – we read that she had had children before. See King (2015) 259–60 on the role played by Phaetusa’s particular ‘domesticity’ in determining the hazard to her health posed by the interruption in sexual activity.

Tetrabyblos, a first-century CE text.²⁰⁷ Caelius opens with the claim that the disease of ‘effeminate men’ or passive homosexuals is so outrageous that ‘people find it hard to believe they really exist’. Caelius connects the condition to a moral flaw, ‘a lack of limits to one’s desire’ (*nullus cupiditatis modus*, 848.19 Bendz). The condition differs from a bodily disease and rather falls under the *corruptae mentis vitia*, ‘vices of a corrupt mind’, a judgement Caelius Aurelianus refers back to Soranus. The pathology can also affect women, the so-called *tribades* (850.1 Bendz, from *tribô*, ‘rub’). The portrayal of the female patients emphasises the extreme emotions they suffer: they are jealous of their partners, fall prey to violent sexual drives and revel in abusive behaviour.²⁰⁸ The cure for this disease, clearly established as targeting the mind and morality of both women and men, should not be seen as physiological but as a matter of restraining (850.9 Bendz, *animus coercendus*); it is the mind that must be tamed and controlled. The ‘disease’ is a matter of sexual practices and inclinations, but explanation of an existential kind is also added. As men grow older, the ambiguity that is part of the nature of sexual desire²⁰⁹ tends entirely towards the passive, as men have less sexual power to satisfy themselves actively (852.22–3 Bendz, *femineam validius venerem poscit*). In this case, a psychological datum triggered by age-related impotence determines what is for Caelius a ‘moral flaw’.²¹⁰ The role played by the imagination that moves the soul (*animus iactare* is the expression used) in determining sexual excitement develops in Caelius into a moral and psychological categorisation. The interface

²⁰⁷ On this text see van der Eijk (2013) 333–7.

²⁰⁸ Compare the derangement (παράτροπή της διανοίας) said by Soranus (3.25 *Gynaec.* = 109.6 Ilberg) to be caused in female patients of *satyriasis* by the sympathetic connection between meninges and uterus that causes disinhibition (quoted by Marzari 2010, 61). For female lust as pathological, especially in the case of virgins, see also Marzari (2010) 54–6 on the myth of the Proitides and the anthropology of ‘shameful behaviour’ by virgin girls, and 56 on ‘female mania’ (γυναικομανία) as exemplary female insanity with a connotation of sexual insatiability; cf. Marzari (2010), esp. 54–62; Gourevitch (1995) for important observations on sexual diseases and gender distinctions in Greek medicine, although with a focus on post-Hellenistic nosology.

²⁰⁹ ‘In other years [than old age, naturally vulnerable to pathology], when the body is still strong and can perform the normal functions of love, sexual desire assumes a dual aspect (*gemina luxuriat libido*), in which the soul is excited, sometimes by playing a passive role and sometimes by playing an active role (*animo ... nunc faciendo nunc patiendo iactato*)’.

²¹⁰ This extreme moralisation of sexual inclination is entirely late antique; compare ps.-Arist. *Probl.* 4.26 (Mayhew I.166.1–2 = 879a37–b2: ‘Why do some men enjoy submissive sex, while some at the same time enjoy being active, whereas others do not?’, διὰ τί ἔνιοι ἀφροδισιζόμενοι χαίρουσι, καὶ οἱ μὲν ἅμα δρωῦντες, οἱ δ’ οὐχί), which offers an entirely physiological and value-free assessment of male homosexual desire for passive and active intercourse in terms of the sediment of seed in different parts of the lower body; in addition, the author explains female ‘insatiable’ sexual desire with a scarcity of fluid by comparison with males (Mayhew I.168.29–30 = 897b29–30, διὸ καὶ ἀπληστοί, ὥσπερ αἱ γυναῖκες).

between mental imagination and physical arousal, however, was already described in the Hippocratic *De Generatione*, explored at the beginning of this discussion; we could describe this as a shift from an earlier value-free, cognitive description of sexual physiology and psychology to a normative, ethically laden one.

3.5 Death and Bodily Harm

Death is the final aspect that must be considered as a vital area in which mental health is involved. Death is of course relevant to any pathological state;²¹¹ severe cases that end in death are often if not always touched by insanity, so much so that it is said explicitly that mental disturbance in combination with other symptoms confers a deadly character on a patient's condition, as in *Prog.* 20 (60.7–61.2 Jouanna = 2.170.15–16 L.), where 'those who will die ... are delirious, have trouble sleeping and show generally the worst symptoms' (οἱ δὲ ἀπολούμενοι ... ἀλλοφάσσοντες, ἀγρυπνέοντες, τὰ τε ἄλλα σημεῖα κάκιστα ἔχοντες). The aspect to be explored here is the role death plays as both exitus and bodily harm in association with insanity, whether of the sufferer (suicide, death) or of others (murder, violence). These are very different aspects of death, but culturally closely linked.

The latter, murder and violence, is prominent in non-medical texts of the classical era (i.e. in literary sources up to the fifth century BCE, mostly in tragedy and Herodotus²¹²) as specific to insanity. The murderous madman or madwoman remains a primarily literary presence. But we should also interrogate the themes of violence and death in association with mental disturbance as part of the larger cultural make-up to which medicine belongs. In typical representations of mental disturbance outside the realm of medicine, insane characters derive their essential definition from an act

²¹¹ Although death is relevant to the mental not only in the sense of the truism that death brings an end to all vital functions, including the mental. Naturalist philosophy has long associated the location and working of vital functions with those of mental functions; the clearest example of this connection is offered by a later text, *Seven*, which speaks of the process of irreversible death in terms of the soul moving upwards past the diaphragm: *kardiê* and lungs expel the vital heat, which then collects 'in the deadly places', ἐν τοῖσι θανατώδεσι τόποις. The exitus takes place when the heat is breathed out in one go through the flesh and the 'breathing organs in the head' (hence the name 'breath of life', as it is explained: διὰ τῶν ἐν κεφαλῇ ἀναπνοῶν, ὅθεν τὸ ζῆν καλοῦμεν). The process of death takes place along the itinerary of mental life.

²¹² Compare, moreover, the examples of violent insane behaviour in Aristotle's discussion at *EN* 7, 1148a30–40; see also Clark (1993) 49, 60–1 on violence in mental disorder; Ahonen (2014) 17, 37, 62 on the topic in philosophical authors, 158–66 on Galen.

of killing, whether suicidal or directed towards others. Insanity is by definition a deadly aggressiveness, so much so that the innocuous nature of the cases of insanity in our medical texts cannot fail to surprise – how could two so different emphases exist in coeval representations? From what source did writers and playwrights (and the mythologies on which they elaborate) derive such an image of insanity? I suggest that the homicidal outcome that characterises insanity in non-medical accounts rephrases the destruction of the body (or a body) that mental disturbance entails in medical texts in dramatic form, fundamentally in line with the basic visual and bodily expression of insanity explored earlier. Medical texts present insanity in the body in its complexity, while tragedy – along with other texts, as we shall see – emphasises murder and killing as an output of insanity; the two are functionally equivalent forms of somatisation of mental disturbance adapted to different genres and lines of inquiry.

Only a brief survey is in order to highlight the cases of insanity of tragedy:²¹³ Orestes in Aeschylus' *Oresteia*; Ajax in the Sophoclean play by the same name and Heracles in *Trachiniae*; in Euripides, Medea, Heracles in *HF*, Orestes in the play by the same name, and Pentheus and Agave in *Bacchae*. In all these cases of unequivocal madness, an act of killing is involved: at the beginning of the affection, igniting a chain of pathological reactions (Orestes); as substantial to the mental disorder, one might say (Medea's blinding fury for revenge; Agave's possession); or as a consequence and outcome of an exogenous attack²¹⁴ of insanity (Heracles in *HF*).

Aeschylus' *Choephoroe* tells of the murder of Clytemnestra at the hand of Orestes and the subsequent insanity of the killer, caused both by guilt and by a form of possession by the avenging 'bitches of the mother', the Erinyes. Orestes' is an hallucinatory attack (1048–64), a vision he seems to share with no one else. In addition, as the Chorus recognises, it is a very material contamination, almost an intoxication; to Orestes' claim that the Erinyes are attacking him, they answer with a correction at 1055–6, 'It is

²¹³ Padel (1995), excluding medicine from her evidence, notes and explores violence as inherent to madness in Greek poetic representations, especially in tragedy: 24, 'the West's basic madness verb [μαίνωμαι] speaks of violence from the start'; 41, where the 'commonest paradigm' of madness in tragedy is murderous; 99, the interlacing of isolation and dangerousness that characterises the insane.

²¹⁴ The idea of insanity caused by the action of an external hostile force must have been more than a literary topos – although it is exploited frequently in tragedy and other literary sources: cf. Chaniotis (1995) 324–8 on the traditional relation between sin and illness in Greek culture, and 328 for an epigraphic reference (dated to the second–third century CE, but reflecting traditional beliefs) to three sinners punished with madness (ἐξέμηνον and ἀπομακκώω are the verbs used) for their transgressions towards the gods (*TAM* V.1.460).

the freshly shed blood ... still on your hands; a turmoil comes from it and sets your mind astorm' (ποταίνιον ... αἷμά σοι χεροῖν ἔτι· ἐκ τῶνδ' ἐτοί παραγμός ἐς φρένας πίτνει). The physical, physiological element, the blood he has drawn from his mother, is here constitutive of his mental illness.²¹⁵ This corporeal, 'biological' materiality of madness expressed through the language of blood and murder returns at *Eumenides* 299–306, where the Chorus addresses Orestes, still suffering miserably:

Neither Apollo nor the strength of Athena
could save you from drifting away,
neglected, forgetful of any joy of the spirit
bloodless, food for daemons, a ghost

...

and while still living, you will treat me [to a feast of blood]
without being slaughtered at the altar.

οὔτοι σ' Ἀπόλλων οὐδ' Ἀθηναίης σθένος
ρύσαιτ' ἂν ὥστε μὴ οὐ παρημελημένον
ἔρρειν, τὸ χαίρειν μὴ μαθόνθ' ὅπου φρενῶν,
ἀναίματον, βόσκημα δαιμόνων, σκιάν.

...

καὶ ζῶν με δαίσεις οὐδὲ πρὸς βωμῷ σφαγείς.

The image of blood as seat or general locus of emotions, vital force or cognitive functions, was traditional long before it was theorised medically. There is obviously no reflection of a medical idea in this representation of the insane hero, consumed by anguish and derangement as a bloodless ghost, but there is a sense that sanity should be linked to one's vital energy, of which blood is symbol and substance, and that it thus has a corporal nature: insane Orestes is devoid of corporal substance, bloodless (ἀναίματον) and ghost-like, living food for his own mental disease – or for the Erinyes.

In Sophocles' *Ajax*, the hero's insanity, caused by Athena's hostility – in alliance with Odysseus – drives the hero to murderous acts and then to suicide. In his deranged thirst for killing, he deludes himself about his target: he thinks he is killing his own comrades in the army, whom he wishes to punish, but in fact he butchers the cattle and herds of the Greeks. Then, once Ajax has recovered his reason and discovered his shameful mistake, he turns upon himself, committing suicide. His violent madness is emphasised from the start as a 'manual' accomplishment, as in Orestes' case: his is

²¹⁵ See Padel (1995) 160. For the idea that shedding blood, 'especially a mother's blood can by itself lead to madness', as familiar in Greek culture, see Mattes (1970) 46; Garvie (1986) 347; Boylan (2015) 1–25 on traditional ideas about blood.

‘a hand out of reason’ (δυσλόγιστον ... χέρα, 40); he ‘thought he was soaking his own hand into [the Greeks’] blood’ (χεῖρα χραινέσθαι φόνω, 43); ‘a hand yearning blood’ (χεῖρα μαιώσαν φόνου, 50); his are ‘victims soaked in blood, which he has butchered with his hands’ (χειροδάικτα σφάγι’ αἰμοβαφῇ). The Chorus summarises his actions thus: ‘with the dark sword in his maddened hand (παρὰ πλάκτῳ χερί), he has massacred herds and herdsman; he will die, conspicuous to all’ (περίφαντος ἀνὴρ θανεῖται). The hand is again in the text, the subject of insanity, placed at the centre; Ajax’s suffering is visible in the fullest sense (περίφαντος). Likewise, once he has finally died at his own hand, he is left soaking in the blood that flows from his nostrils, awful for his loved ones to watch (717–19, οὐδεὶς ἄν ὅστις καὶ φίλος τλαίῃ βλέπειν | φυσῶντ’ ἄνω πρὸς ῥίνας ἔκ τε φοινίας | πληγῆς μελανθὲν αἶμ’ ἀπ’ οἰκείας σφαγῆς). Not only is Ajax’s madness entirely directed towards killing, but it seems that its essence is bodily and visible, a murderous hand that revels in the blood it causes to pour out. Hallucinations, manic laughter and derangement are mentioned, but the destructive bodily action is the most substantial factor.

The end of Sophocles’ *Trachiniae* is dominated by Heracles’ agony, as his flesh is corroded by the poisoned robe unwittingly given him by his wife, who has been misled to believe that she is delivering a love charm to her husband that will win his love back. Heracles’ torture is depicted as physical and mental decomposition, as he convulses on a funeral bed laid out for him even though he is still alive. This is an image of insanity as a result of agony and pain, a powerful symbolic representation that in this case owes much to medical portrayals; the dissolution of the body conveys the disease of the mind, at whose peak the deranged hero kills his servant Lichas, having been rendered irrational by the pangs of the devouring pain. At 1053–7:

It has clung to my sides, and deep into my innards
it corrodes my flesh, and lives with me
to devour the channels of my lungs.
Already it has drunk my fresh blood, and my whole body is ruined
Now that I am mastered by this unspeakable bondage.

πλευραῖσι γὰρ προσμαχθὲν ἐκ μὲν ἐσχάτας
βέβρωκε σάρκας, πλεύμονός τ’ ἀρτηρίας
ῥοφεῖ ξυνοικοῦν· ἐκ δὲ χλωρὸν αἷμά μου
πέπωκεν ἤδη, καὶ διέφθαρμαι δέμας
τὸ πᾶν ἀφράστῳ τῇδε χειρωθεὶς πέδῃ.

The suffering is physical – a corrosive poison; Heracles is out of his mind with pain, in an uncontrollable fury (δύσοργος θυμῷ, 1118) that brings

complete physical collapse (διέφθαρμαι δέμας | τὸ πᾶν) and can finally only yield to death.

In Euripides' *Medea*, the murders of Medea's sexual rival Glauce, her father Creon and even her own children are essential to the heroine's insanity – her resistance to harming her children progressively weakens and is finally overcome, as her desire for revenge prevails. All the characters around her sense the mounting danger she poses; her madness coincides with the unfolding of the murderous plan. She toys with murderous ideas (376–85) directed against her husband and his new family, considering whether to burn the marriage chamber, drive a sword into the bride's livers (δαιμάινω τέ νιν μὴ θηκτὸν ὥση φάσγανον δι' ἡπατος) or poison them all. The way the young bride and her father are ultimately killed resembles Heracles' death: by means of a corrosive poisoned tunic (1160–1221) that devours their bodies (1198–1202):

Blood fell from the top of the head
in drops, mixed with fire;
the flesh was exuding off the bones like pine resin tears,
bitten by the invisible jaws of the drug,
terrible to watch.

αἷμα δ' ἐξ ἄκρου
ἔσταζε κρατὸς συμπεφυρμένον πυρί,
σάρκες δ' ἀπ' ὀστέων ὥστε πεύκινον δάκρυ
γνάθοις ἀδῆλοις φαρμάκων ἀπέρρεον,
δεινὸν θέαμα.

In *HF*, the insanity of Heracles develops almost naturally out of his murder of Lycus (750–60) into a new, now ill-targeted, aggressive drive. Under the possession of Lyssa, sent by Hera to attack him, Heracles murders his own children, failing to recognise them (822–908). The specific effect of the daemon Lyssa is a command to kill: she aims at the killing of children (τέκνα ἀποκτείνασα, 865) and never strikes 'in vain' (οὔποτ' ἄκραντα δόμοισι Λύσσα βακχεύσει, 898–99). Heracles begins hallucinating, and his father unsurprisingly attributes this to the polluting effect of the murder of Lycus he has just committed (966–7, 'does the killing you have committed drive you into Bacchic derangement?', οὐ τί που φόνος σ' ἐβάκχευσεν νεκρῶν οὓς ἄρτι καίνεις). Then his attack of insanity begins and Heracles' own children fall prey to his fury.

In *Bacchae*, finally, the ritual madness displayed by the possessed maenads in their *sparagmos* of animals and cattle (described at 735–47) is a general rehearsal for the chief slaughter in the play, that of Pentheus, himself possessed and prey to insanity. The king's body is destroyed, dismembered

(in an action whose model is graphically described at 125–36) and physically dissolved, his remains scattered through the mountain valleys. His mother, Agave, the other foregrounded manic character in the play, is the main actor in the killing and slaughter of her child (1122–8), and the task of gathering the pieces of Pentheus' body and recomposing it falls to her.

This bloodshed makes for too obsessive a criminalisation of insanity to be ignored, especially by contrast with the fact that violent insanity, to make the point yet again, has no part in medical texts. One might object that death and murder are more generally defining features of tragic plots; homicidal madness might be taken as a consequence of this. The convergence of the two ideas nonetheless remains culturally significant, especially because it is also found outside theatrical representations. Herodotus' great portrayals of insane characters, especially Cambyses and Cleomenes, also emphasise aggression and violence that result in murder and suicide.²¹⁶ Cambyses' story is narrated beginning at 3.6 of the *Histories*. From the start, the behaviour of the Persian prince is qualified in terms of violence: at 3.16, he orders the exhumation, outrageous defiling and destruction of Amasis' corpse, and the impious acts that follow are described by the historian in terms of mental disorder. At 3.25.1, Cambyses is said to act out his anger (ὀργὴν ποιησάμενος); he is 'as if manic and not reasoning well' (οἷα²¹⁷ δὲ ἐμμανὴς τε ἐὼν καὶ οὐ φρενήρης, 3.25.2) and acts recklessly in his military operations. At 3.29.1, in Memphis, he is 'as if not very sound in his mind' (οἷα ἐὼν ὑπομαργότερος) as he first raves against Apis, the sacred calf of the Egyptians, which he stabs repeatedly in the legs and belly. Then at 3.30.2 he has his brother Smerdis murdered in the aftermath of a night vision (ὄψις) explained as a worsening of his insanity caused by the killing of the divine calf (ἐμάνη, ἐὼν οὐδὲ πρότερον φρενήρης, 3.30.1). Incest with his sister and her murder follow, along with more acts of violence (3.31–2, 34–8). The case of Cambyses is unique, since Herodotus diagnoses his madness as pathological and morbid, but is presented together with a seemingly conventional elaboration regarding violence and bloodshed, although the historian characteristically includes explanations of a cultural, psychological and religious kind (3.33.1):

In this way Cambyses raved (ταῦτα ... ἐξεμάνη) in his madness against his own family, because of Apis, or for some other reason, as many are the damages that can commonly befall man. For it is said that since birth Cambyses

²¹⁶ On Herodotus and medicine, see Thomas (2000) 28–74; Raaflaub (2002) 61–4. On mad characters in Herodotus specifically, Dawson (2006). On the madness of these two characters, see also Lloyd (2003) 117–19.

²¹⁷ The cautious οἷα here indicates, on my reading, that Herodotus is aware of his presentation of Cambyses as a medical diagnosis and wishes to both highlight and relativise it.

suffered from the serious disease some call the ‘sacred disease’. It was nothing strange that, the body being gravely ill, neither should the mind be in good health. These are the crazed deeds he committed (τάδε ... ἐξεμάνη) against the Persians.

This final passage is interesting because of the reference to innate pathology, the epilepsy that disposed Cambyses to mental instability, while his madness, as in tragedy, is entirely coterminous with violent acts. ‘These deeds’ (ταῦτα, τάδε) are twice the internal object of the verb ἐξεμάνη: madness has an outcome, namely violent and murderous deeds.

The second extensive case of mental disturbance in Herodotus is that of Cleomenes, narrated in Books 5 and 6 of the *Histories*. With Cleomenes, the medical explanation and diagnosis reach a level of sophistication and precision nowhere found in cases of insane patients in our medical texts, whose lack of synthesis regarding mental illness is thus confirmed as specific to the genre rather than as a conceptual deficit. Cleomenes is described as mad from the start (5.42.1, ὁ μὲν δὴ Κλεομένης, ὡς λέγεται, ἦν τε οὐ φρενῆρης ἀκρομανῆς τε), and his madness, defined as a νόσος, is exemplified by his going around hitting people with his staff (6.75.1, κατελθόντα δὲ [αὐτόν] αὐτίκα ὑπέλαβε μανίη νοῦσος, ἐόντα καὶ πρότερον ὑπομαργότερον· ὅκως γάρ τεω ἐντύχοι Σπαρτιητέων, ἐνέχραυε ἐς τὸ πρόσωπον τὸ σκῆπτρον). Most of all, it is his death by self-wounding (described in gory terms) that testifies to his mental disturbance and reminds one of Pentheus’ bodily annihilation through *spargmos*: ‘Cleomenes took the weapon and set about slashing himself from his shins upwards; from the shin to the thigh he cut his flesh lengthways, then from the thigh to the hip and the sides, until he reached his belly, and cut it into strips; thus he died’ (Κλεομένης δὲ παραλαβὼν τὸν σίδηρον ἄρχετο ἐκ τῶν κνημέων ἑωυτὸν λωβώμενος· ἐπιτάμων γὰρ κατὰ μῆκος τὰς σάρκας προέβαινε ἐκ τῶν κνημέων ἐς τοὺς μηρούς, ἐκ δὲ τῶν μηρῶν ἔς τε τὰ ἰσχία καὶ τὰς λαπάρας, ἐς ὃ ἐς τὴν γαστέρα ἀπίκετο καὶ ταύτην καταχορδεύων ἀπέθανε τρόπῳ τοιούτῳ, 6.75.3).²¹⁸

In contrast to these stories,²¹⁹ once again, the almost complete absence of a notion of noxiousness of the insane in the Hippocratic testimony is intriguing.²²⁰ Aggression, misbehaviour and shouting are found, but

²¹⁸ Trans. A. D. Godley; see Scott (2005) 292 *ad loc.*

²¹⁹ The example of the madman to whom a sword should not be returned in the discussion of justice in Plato *Resp.* 331c is also based on the same assumption of madness as aggressive.

²²⁰ As already mentioned, the only exception is the description in *Girls*, where the virgins ‘from the putrefaction ... become murderous’ (ὑπὸ δὲ τῆς σηπεδόνος φονῆς, *Virg.* 2, 24.1–2 Lami = 8.468.10–11 L.). The only dangerous insane Hippocratic patients are, it seems, young girls.

no case of murder or even remotely threatening behaviour is described. Likewise, no suicides are reported in our texts, however characteristic these may be of madness in tragic drama (especially in Sophocles: Ajax in *Ajax*, Jocaste in *OT*, Antigone and Haemon in *Antigone*, Deianeira in *Trachiniae*,²²¹ to mention only the successful attempts; longing for death is far more common).²²² A desire to die is registered as pathological in our texts: as already noted, at *Mul.* 2.177 (8.360.5 L.) the patient θανεῖν ἐρᾷται, while at *Virg.* 3 (24.5–7 Lami = 8.468.14–17 L.) the patients feel that they are being urged to harm themselves. One of the clearest cases of mental suffering in our texts, Parmeniscus, whose illness is discussed at *Epid.* 7.89 (103.6–7 Jouanna = 5.446.7–8 L.; see also *Epid.* 5.84, 39.1–3 Jouanna = 5.252.5–6 L.), includes a ‘desire to take his own life’ (ἵμερος τῆς ἀπαλλαγῆς βίου). At *Loc. Hom.* 39 (74.19 Craik = 6.328.16 L.), the pharmacological therapy for a pathological category of suicidal patients is discussed. But these references to suicide in our texts – few in number in any case – merely have to do with a tendency that is never accomplished. Death and violence are strong markers of insanity, on the other hand, in non-medical literature, where physiology is excluded (or mostly excluded) from the focus of interest and decision-making, and courses of action chosen through insanity are foregrounded instead.

In conclusion, while death is not always the outcome of insanity in the medical texts, and insanity is not implicated with aggression towards oneself or others, literary accounts seem to associate the two strongly and systematically, offering an alternative account of the physical basis of insanity and of the indissoluble link between corporeal and mental in early representations. Insanity is not a phenomenon that occurs inside a person, within an internalised mind, but a matter of visible acts that ultimately destroy the body.

²²¹ On ancient suicide cases, see p. 25 n. 27.

²²² Moreover, Plato in *Phaed.* 68a3–7 explicitly mentions suicide as a reaction to grief over the loss of a loved one: ‘many, after the death of loved ones, wives or children have willingly chosen (ἐκόντες ἠθέλησαν) to go to the other world led by this hope (ὑπὸ ταύτης ἀγόμενοι τῆς ἐλπίδος) of seeing there those whom they longed for, and of being with them’.

PART II

The Mind of the Insane

Chapters 2 and 3 have looked at mental life and insanity in the way an ancient physician or observer would first access them: as visible states in which an individual finds himself, evident in his looks and physiology. We now move on to the two domains that belong to an important extent to subjectivity and pertain primarily to the mind as invisible: the experience of sensory perception in Chapter 4, and features of personal psychology in Chapter 5, i.e. the emotions, relationships and communications, a sense of personality and character, and cognitive processes *strictu sensu* ('intelligence'). The naiveté of the expression 'invisible mind' does not go unnoticed in its use here; my aim is to separate, in the representation of insanity, those features that are external and to an important degree objective (e.g. the colour of urine, the look of the face), and that are assessed by the physician largely without the cooperation of the patient, on the one hand, from the realms that are irreducibly committed to communication with the patient, for which the physician must in different ways make a claim on his or her subjectivity (e.g. sensory perceptions or thoughts), on the other. The discussion of the senses and their functioning postulates the contribution of the first-person report given by the individual under observation, who describes his or her own sensory appraisal. So too the emotions, although for the most part framed physiologically, discussed as external output and objectified as a bodily unbalance, are grounded in subjective experience. Subjectivity is also inextricable from data such as relationships, behaviours, communications and habits that participate in what we might call 'individual character', even when externally assessed. Finally, the thinking processes of another person, their agility and soundness, are perhaps the extreme examples of an external judgement imposed on subjectivity. It is not only linguistic utterance that is to be scrutinised, as we will see, but various

features of cognition that are irreducibly the experience of the thinking subject as well.¹

This has an important implication: in these experiences, unlike in aspects the physician accesses entirely through external observation, the suffering subjectivity of the patient and the scientific subjectivity of the physician meet on a common ground. The patient in his illness experiences a disturbance involving sight, hearing, smell, taste and touch. The physician, meanwhile, must also see, hear and touch the patient; he should smell and even taste the various bodily fluids and excreta of the patient in order to assess his or her health.² The same categories of sensory and cognitive appraisal both sustain the scientific narrative and characterise the patients' faculties. Finally, the very recognition of emotional experiences necessitates a view shared by both parties of what these emotions entail and 'feel like'.

¹ On the difficulty of reconstructing subjectivity, and especially on the opacity of our texts in this respect see Thumiger (2015a) and (2015b).

² *Off. Med.* 1.1 (30.3–7 Kühlewein = 3.272.3–6 L.): the good physician should know 'which things are to be seen, touched and heard; which are to be perceived by sight, and touch, and hearing, and the nose, and the tongue, and the understanding (ἃ καὶ ἰδεῖν καὶ θιγεῖν, καὶ ἀκοῦσαι ἔστιν, ἃ καὶ τῇ ὄψει καὶ τῇ ἀφῇ καὶ τῇ ἀκοῇ καὶ τῇ ῥινὶ καὶ τῇ γλῶσσῃ καὶ τῇ γνῶμῃ ἔστιν αἰσθῆσθαι); which are to be known by all the means by which we know other things'; *Epid.* 6.8.17 (181.1–2 Manetti–Roselli = 5.350.3–4 L.), the ways to knowledge are 'vision, hearing, nose, touch, tongue, reasoning' (ὄψις, ἀκοή, ῥίς, ἀφή, γλῶσσα, λογισμός). See Jouanna (1999) 248–9 for a concise summary and Langholf (1990) 37–72 on the interaction of theory, vision and the senses in the Hippocratic texts; Totelin (2014) for a recent discussion.

Sensory Perception and Its Impairment

Sensory capacities have been discussed in Greek culture from early on, in philosophical as well as poetic sources: as associated with mental life, as cooperating with the reasoning faculties in an epistemological frame, and as potentially deceptive instruments of knowledge. The two main surviving sources that preserve information about philosophical ideas on the topic are the fourth-century BCE treatise *De Sensibus* by Theophrastus, a summary doxographic account of pre-Socratic views organised by sense, and the Aristotelian treatise *De Sensu et Sensibilibus*, which discusses each sense by analysing both its organic basis and the process of apprehension. These texts, and the epistemological discussions found in the work of philosophers generally, are dominated by an epistemological and thus objective thrust – how the senses convey knowledge in relation to their objects – rather than focused on the physiological (and sometimes pathological) experience of sensory perception.¹

Our texts offer a very different angle from these discussions, complementing the philosophical reflections and offering precious information about sensory perception as felt experience, with its changes, disruptions and range of variations, and framed within the overall state of health of individual human beings. In our texts, senses do not emerge primarily as a faculty through which one knows, or even as organ-based physiological processes (although there are such discussions in our sources), but as part of a picture of health, often with a mental relevance, and open to degree and variation, as opposed to being committed to categories of value such as ‘ability’, ‘disability’ or ‘truth’.

Parallels to this perspective are found in poetic texts more often than in philosophical ones. Contrast the illuminating passage in Plato’s *Theaetetus* 157e–8a:

[A defect in the argument remains] in connection with dreams and diseases, including *mania*, and all those things called ‘distorted hearing’, ‘distorted

¹ On *De Sensibus* in the context of ancient philosophy, see Stratton (1917); Johansen (1997); Baltussen (2000). See also Gundert (2000) 20–1 on sense perception in our texts.

sight' or 'distorted perception' of any kind (ἐνυπνίων τε πέρι καὶ νόσων τῶν τε ἄλλων καὶ μανίας, ὅσα τε παρακούειν ἢ παρορᾶν ἢ τι ἄλλο παραισθάνεσθαι λέγεται). For of course you know that in all these the doctrine we were just presenting seems admittedly to be refuted, because in them we certainly have false perceptions (ψευδεῖς αἰσθήσεις), and it is by no means true that everything that appears to each person is true; on the contrary, nothing is.

In this passage, pathology is the paradigmatic exception to a sense-based epistemology. Sensory disability is clearly conceptualised, cast as contrary to the norm (παρά-) and named as one of the features of mental illness, *mania*, as the exception to a rule. Sensory pathologies are accordingly labelled with even greater clarity than is found in our sources (παρακούειν, παρορᾶν, παραισθάνεσθαι, 'mishearing' or 'distorted hearing', 'seeing mistakenly', 'misperceiving'), and on the whole the passage makes a claim by using medical language, for instance by adopting the word composition in παρά- that is immediately evocative of technical vocabulary. The intention, however, is to reinforce an epistemological point, with a result that is alien to the medicine of the period – to evaluate perceptions according to a criterion of 'truthfulness'. As will become clear, our sources (unlike Plato here or other philosophical texts elsewhere) keep themselves short of any clear conceptualisation of disability and, most notably, rarely look at sensory variations that emphasise a neat divide between pathology and norm, or truthfulness as opposed to falsehood. Instead, they consider a continuum of sensory activities that bring health and disease together.² In this way, the rich material on sensory disruption and alteration preserved by our sources and their deep entanglement with the subjective experiences of the patient has no match in the philosophical sources.

4.1 The Senses and the Historian

Since subjectivity and experience are particularly important for our analysis of the senses in the Hippocratics, we are brought emphatically back to the encounter, if not the clash, between considerations regarding anthropological particularism, on the one hand, and the recognition of a universally shared cognitive and bodily functioning, on the other. Are we to look at data about the senses as primarily documenting cultural history, which inevitably defies reduction to biology?

² The relationship between 'senses' and 'reason', sensory appraisal and true knowledge, shows huge cross-cultural variation (surveyed in Classen 1993: see Introduction, 1–14 and Part II, esp. 79–139). She mentions, for instance, that in Buddhist cultures 'the mind is classified as a sixth sense' (2).

The development of a field of 'sensory' or 'sensual' scholarship has recently tended towards this attitude, proposing non-normative, bottom-up accounts of sensory life in different historical periods, with helpful suggestions for the current inquiry.³ The aim is to bring back to life, to the extent possible, the subjective experience of human sensory perception in its historical and cultural specificity, challenging the dominant sight-centred paradigm⁴ (among other things) and proposing that cultural and historical constructedness should be taken into account when we analyse ancient testimony regarding sensory experiences as much as when we study intellectual changes in antiquity.⁵ From this perspective, sensing and perceiving are not only organic, neurological and cognitive acts, but part of a cultural and environmental history.⁶ Not all cultures, for example, identify the five senses as contemporary Westerners do, giving pride of place to anatomically localised organs.⁷

Further inspiration in this anthropological direction is offered by disability studies. Scholarship on ancient disability has dealt with the senses and their disruption with a comprehensive, perceptive approach similar to that adopted in studies of ancient epistemology, shifting the focus away from a normative opposition between ability and disability, or between 'Truth' and 'Falsehood', to consider the degrees of functionality among individuals, conceived in a non-evaluative sense. The concept has to do not (as in the *Theaetetus* passage above) with matters of disease and health, but with degrees of ability, 'kinds of experiences'.⁸

³ See Classen (1993) on the senses historically and cross-culturally, Howes (1991) for an overview of themes and perspectives. For a theoretical approach and a selection of sensory topics and historical objects, with recent bibliography, see the essays in Howes (2005). Within the discipline of classics, Butler and Purves (2013) and Bradley (2014a) consider how ancient sensory experiences can come alive for us through the reading of texts. For a theoretical contribution in an anthropological spirit, see Stoller (1997).

⁴ See also Classen (1993) 3–7 on the predominance of 'Western visualism' and its consequences, and Classen (2005a) 2; Stoller (1997); the introduction to Howes (2005). A predominance of vision can also be seen in scholarship on ancient cultures; contrast the many contributions on the visual (broadly intended) by Goldhill (1999, 2000); Rutter and Spark (2000); Cairns et al. (2013), whereas only a few titles, and all very recent, could be mentioned for the other senses. Turning to medicine, Miller (1990, esp. 22) is exemplary in giving centrality to vision in the Hippocratic sources, associating it with the rise of literacy.

⁵ Recent studies of the senses in the ancient world are Butler and Parves (2013); Day (2013); Bradley (2014a) on smell.

⁶ It is well known that the discovery of optical lenses, our video-bound lifestyle and the noise of urban life have made our experiences as sensing beings far removed from what they might have been e.g. in fifth-century Greece.

⁷ See Classen (1993) 1–5.

⁸ For methodological discussions, see Rose (2003) 9–28; Laes et al. (2013a) 1–15.

But the competition between anthropological particularism and biological universals cannot end with the complete dismissal of the latter, at least as far as this study is concerned. We cannot ignore the biological, bodily and cognitive base that is foundational to sensory experience and which we all share. As studies of embodied cognition are increasingly demonstrating,⁹ the basics of sensory-motor life are universal in our species. This allows us to generalise and interpret the ancient evidence, at least in its core, against recognisable biological facts. In this chapter, I shall as before maintain this dual approach to the ancient material, looking at these data both as cultural products and as manifestations of embodied human mental life to which anyone can relate.

4.2 The Range of Sensory Activity

The sensory changes in patients scrutinised in our texts are mostly temporary and included in larger pictures of illness, rather than implying a chronic or permanent state (whether innate or acquired), as the concept of disability does. It is the actual sensation, in its varying degrees, that is under scrutiny, rather than a faculty conceived in an abstract, normative way. In order to appreciate this material, we must therefore overcome classifications of deficit to concentrate on the varied landscape of functional levels; changes in sight or hearing are part of a broader picture of health, in which small variations are also noted. (Sometimes these variations are so small that a modern physician would not bother to categorise them, and we struggle to convey the terminological variations into modern languages.)

Consider the convergence of sensory stimuli at *Morb.* 2.15 (149.1–10 Jouanna = 7.26.24–28.7 L.) as an example of how sensory change becomes part of the overall picture of health:

If fluid forms in the brain ... the patient suffers pain (ἀλγέω) in the sockets of his eyes,¹⁰ he sees unclearly (ἀμβλυώσσει), his pupil is divided (ἡ κόρη

⁹ See Colombetti (2013) for a recent phenomenological exploration of human sensory life in the spirit of enactivist psychology. Colombetti illustrates how a ‘deep continuity’ between body and mind can not only be argued for in neuroscientific terms, but can be used as a grid of interpretation for other cultural expressions and historical documents.

¹⁰ Part of the general account of the senses in our texts is the ability to feel pain (ἀλγέω, λυποῦμαι). Physical pain, especially in the head, is typically associated with some sensory disruption, in line with philosophical discussions of the period; cf. Theophr. *De Sens.* (D.-K. 31 A 86, vol. 1, p. 303.39–41), where we read that ‘pleasure and pain are regarded (by them) as sense perceptions or as accompaniment of sense perception’, αἰσθήσεις γὰρ τινὰς ἢ μετ’ αἰσθήσεως ποιοῦσι τὴν ἡδονὴν καὶ τὴν λύπην. At *Coac.* 274 (168.18–19 Potter = 5.644.7–8 L.), τὰ γὰρ πολλὰ κεφαλὴν οὗτοι πονέουσι, καὶ ὅψις ἀμαυροῦται, ‘for in general such patients have pain in the head, and their sight is dimmed’; at *Morb.* 2.4b (136.1–2 Jouanna = 7.12.11–12 L.), ὅταν δὲ ὑπεραιμώσωσιν ...

σχιζεται), and it seems that he sees two objects instead on one (δοκεῖ ἐκ τοῦ ἐνὸς δύο ὁρᾶν); if he gets up, whirling dizziness (σκοτοδινίη) comes over him; he cannot tolerate (οὐκ ἀνέχεται) wind or sun; his ears ring (τὰ ὦτα τέτριγε), he is vexed by noise (τῷ ψόφῳ ἄχθεται), and he vomits saliva and scum, sometimes food as well. The skin on his head becomes thin, and he enjoys being touched there (ἡδεται ψαυόμενος).

Here sight, the sense of balance and the perception of heat, cold and wind, as well as the response to touch, hearing and the vomit reflex, are intermingled in cases in which fluid forms in the brain. This is a mental disturbance that is entirely represented on the level of sensory subjectivity. A comparable synaesthetic interchange is offered at *Probl.* 31.17b (Mayhew II.330.14–19 = 959a12–19), which explicitly proposes a channel of confusion between touch and vision: ‘Why in the case of sight is it that one object appears as two, if the eyes are placed a certain way in relation to each other, but it is not so in the case of the other senses? Or even in the case of touch, does one thing become two by crossing the fingers? ... for (touch) imitates sight’ (διὰ τί δὲ ἐπὶ μὲν τῆς ὀψεως ἔστιν ὥστε φαίνεσθαι τὸ ἐν δύο, ἂν πως τεθῶσιν οἱ ὀφθαλμοὶ πρὸς ἀλλήλους, ἐπὶ δὲ τῶν ἄλλων αἰσθήσεων οὐκ ἔστιν; ἢ καὶ ἐπὶ τῆς ἀφῆς γίνεται τῇ ἐπαλλάξει τῶν δακτύλων τὸ ἐν δύο; ... μιμεῖται γὰρ τὴν ὄψιν). These fine details of sensory experience are noticed and regarded as interesting from a medical perspective, although not necessarily categorised as pathologies or disabilities.

4.3 The Hippocratic Texts on Sensory Perception

In what follows, I shall first consider theoretical or more general remarks on the senses and their physiology found in our texts, and then turn to the clinical material.¹¹

In *Sacred Disease*, αἴσθησις is framed within the sphere of action of the brain. As a consequence, sensation is discussed in close association with other cognitive capacities, as part of the information-processing conveyed by air and elaborated by the brain. It is through the brain that people assess qualities ‘judging from the use they make of them, and *perceiving* them in terms of what is useful to them’, τὰ μὲν νόμῳ διακρίνοντες, τὰ δὲ τῶν

ἴσχει ὀδύνη καὶ σκοτοδινίη καὶ βάρος τὴν κεφαλὴν, ‘when [vessels] are overfilled with blood ... pain, vertigo and heaviness occupy the head’; at *Aff.* 2 (8.21–2 Potter = 6.210.9–10 L.), ἦν δὲ ἄλλοτε καὶ ἄλλοτε ὀδύνη καὶ σκοτοδινίη ἐμπύπτῃ ἐς τὴν κεφαλὴν, ‘if at times pain and vertigo befall the head’; at *Morb.* 2.73 (213.5–6 Jouanna = 7.110.24–112.1 L.), καὶ τὴν κεφαλὴν ἀλγεῖ καὶ τοῖσιν ὀφθαλμοῖσιν οὐχ ὁρᾷ, ‘he feels pain in the head, and cannot see with his eyes’ – to cite only a few examples of a general tendency. (On headache, see also pp. 193–4 n. 50.)

¹¹ See Lo Presti (2016) for a survey of the senses in early medicine.

συμφέροντι αἰσθανόμενοι (*Morb. Sacr.* 14, 26.1–2 Jouanna = 6.386.20–1 L.). Likewise ‘thinking, reasoning, seeing, hearing and distinguishing’ (φρονεῖν, νοεῖν, βλέπειν, ἀκούειν, διαγινώσκειν) are all performed τούτῳ, by the brain (*Morb. Sacr.* 14, 25.15–17 Jouanna = 6.386.17–19 L.). The brain acts as a ‘messenger to understanding’ (ἐς δὲ τὴν σύνεσιν ... ἔστιν ὁ διαγγέλλων) and processes the information brought by the sensory organs (‘eyes, ears, tongue, hands and feet’, *Morb. Sacr.* 16, 29.8–12 Jouanna = 6.390.13–16 L.). The brain is cast as the ‘interpreter of understanding/consciousness’ (ἐρμηνεύων τὴν σύνεσιν, *Morb. Sacr.* 17, 30.3–4 Jouanna = 6.392.4 L.); as such, it differs from the heart and the diaphragm, which, according to some, have no intelligence but can feel (or are susceptible) to the highest degree (αἰσθάνεται ... μάλιστα, *Morb. Sacr.* 17, 31.6–7 Jouanna = 6.392.21–394.1 L.). Sensory information thus seems clearly to feed into the process of consciousness (here ξύνεσις) and to be centred in the brain.¹²

In the other complex theory of mind found in our texts, at *Vict.* 1.35 (150.29–156.18 Joly-Byl = 6.512–522.16 L.) the ability to perceive is also central to the description of the make-up of the ψυχή, the ‘soul’ intended as physiological and vital principle, endowed with intelligence as well as sensory and emotional potential. Sensory capacities are integrated into the theory of mind and into the six variations of ψυχή, determined by the proportion of fire and water in each. The first blend of the two elements results in souls where fire is slightly overmastered by water and as a consequence ‘falls rather dully on the senses’ (νωρότερον προσπίπτει πρὸς τὰς αἰσθήσας, 152.11 Joly-Byl = 6.514.13–14 L.). In a second case, where souls are called ‘silly’ (ἡλίθιοι), ‘the senses, being quick, meet their objects spasmodically (κατὰ βραχύ, 152.30 Joly-Byl = 6.516.10 L.) ... for the senses of the soul that act through sight or hearing are quick; while those that act through touch are slower, and produce a deeper impression. Accordingly, persons of this kind perceive as well as others the sensations of cold, heat and so forth, but cannot perceive sensations of sight or hearing unless they are already familiar with them.’ The third type comprises the ‘senseless’ or ‘grossly stupid’ (ἄφρονες ...; ἐμβροντήτους, 154.8 Joly-Byl = 6.518.3–4 L.), who fear things that should not be feared and ‘are pained at what does not affect them, and their sensations are not really what a sane person should

¹² *Loc. Hom.* 2.1–2 (38.4–16 Craik = 6.278.14–280.2 L.), also in an encephalocentric spirit, illustrates anatomically how messages originating in the organs of sense (hearing, sight and smell) reach the brain: through perforation in the meningeal membrane around the inside of each ear, through vessels stemming from the pupils and cutting through the membrane of the brain, and through a spongy porousness in the region of the nostrils, respectively. See *Carm.* 15–17 (197.17–199.23 Joly = 8.602.19–606.17 L.) for a comparable account of hearing, smell and sight.

feel' (λυπέονται τε ἐπὶ τοῖσι μὴ προσήκουσιν αἰσθάνονται τε ἢ τι ἢ οὐδέν, ὡς προσήκει τοὺς φρονέοντας, 154.10–11 Joly-Byl = 6.518.5–7 L.). The fourth type has a soul that is ταχέως αἰσθανομένη, 'quickly perceiving' (154.15 Joly-Byl = 6.518.12 L.). The next is an even quicker soul but less constant, which 'strikes its sensations more rapidly (θᾶσσον), but is less constant than the soul discussed above, because it more rapidly passes judgement on the objects presented to it, and on account of its speed (διὰ ταχυτήτα, 154.23–25 Joly-Byl = 6.520.2–4 L.) rushes on to too many objects'. Finally, the last type is excessively quick; these individuals are 'half-mad' (ὑπομαίνεσθαι).

Within a different, haematocentric frame, *Flat.* 14 (122.2–6 Jouanna = 6.112.2–5 L.) associates the senses, intellect and dream activity. Blood contributes the most to intelligence, as a consequence of which, when the blood chills, 'the body grows heavy and sinks ...; the eyes close; the intelligence alters, and certain other fancies linger, which in fact are called dreams' (ῥέπει τὰ σώματα καὶ βαρύνεται ... καὶ τὰ ὄμματα συγκληῖται καὶ ἡ φρόνησις ἀλλοιοῦται, δόξαι τε ἕτεραί τινες ἐνδιατρίβουσιν, ἃ δὲ ἐνύπνια καλέονται). When blood circulation grows irregular or is interrupted, 'the patients are at this point unconscious of everything – deaf to what is said, blind to what is happening and insensitive to pain' (κατὰ δὲ τοῦτον τὸν καιρὸν ἀναίσθητοι πάντων εἰσί, κωφοί τε τῶν λεγομένων καὶ τυφλοὶ τῶν γινομένων ἀνάληγτοί τε πρὸς τοὺς πόνοους, *Flat.* 14.5, 123.8–10 Jouanna = 6.112.22–4 L.).

On Humours, finally, inserts within a list of signs the observation that 'the dreams the patient sees, what he does in sleep; if his hearing is sharp and he is interested in understanding information ... if the patient perceives everything with every sense and bears easily, for example, smells, conversation, clothes, postures and so forth' (ἐνύπνια οἷα ἂν ὀρᾷ καὶ ἐν τοῖσιν ύπνοῖσιν οἷα ἂν ποιέη, ἣν ἀκούη ὁξὺ καὶ πείθεσθαι προθυμέηται ἐν τῷ λογισμῷ ... ἣν αἰσθάνωνται πάσῃ αἰσθήσει πάντων καὶ φέρωσιν οἷον ὁδμάς, λόγους, εἴματα, σχήματα, τοιαῦτα, εὐφόρως), at *Hum.* 4 (162.4–8 Overwien = 5.480.17–482.4 L.). Not only are the senses evidently an important area of inquiry, but they are assessed in terms of performance ('sharpness of hearing', ὁξὺ ἀκούειν) and, most interestingly, are described in subjective terms (προθυμεῖν and φέρειν, 'to desire' and 'to be at ease'). This final aspect is perhaps the direction in which our texts make their most original contribution, in regard to the role played by the senses within the overall state of health of the patient, together with his inclinations, preferences and behaviours. Precisely this kind of information is most fully developed, as we shall see, in the discussions of individual patients.

4.4 The Senses of the Hippocratic Patients

In the cases of the *Epidemics*, and in the descriptions of the symptomatology of disease in some nosological passages, sensory experiences are key indicators. Variations in vision especially (and even cases of blindness) and changes in hearing are extremely frequent. Their rate of occurrence, despite the difficulty we have in interpreting the vocabulary precisely, seems to confirm that we are dealing with degrees of sensory alteration accompanying a state of illness, rather than with full disability. In retrospective terms, these sensory alterations may be taken as part of a neurological spectrum of signs that can accompany a variety of bodily and psychiatric illnesses, from high fever and epilepsy to panic attack or disorders of the schizophrenia spectrum. They may also be interpreted as indicative of a psychological refusal to engage with the world outside (which differentiates blindness from a failure to react to visual stimuli, deafness from a refusal to respond to the words of others, and so forth), or they may be forms of hallucination.

All three are relevant to the health of the mind in this inquiry, although they vary considerably in relation to subjectivity and in often unfathomable ways. How are expressions such as ‘s/he does not see’ (οὐκ ὁρᾷ) located with respect to will, intentionality and impairment? Does the patient ‘not look’, ‘not focus’ or ‘not see’?

This ambiguity reflects the fact that much of the information regarding sensory aspects must have been voiced by the patients themselves. The substantial reliance of the Hippocratic discussion on communication with the patient in this respect is apparent in the inclusion of speech among the senses at *Vict.* 1.23 (140.20–3 Joly-Byl = 6.496.1–3 L.):

Human sensation comes through seven¹³ *schemata*; there is hearing of sound, sight of visible objects, nostrils of smell, tongue of pleasant or unpleasant tastes, mouth of speech, body of touch, passages outwards or inwards of hot or cold breath.

δι’ ἑπτὰ σχημάτων καὶ ἡ αἴσθησις ἡ ἀνθρώπων· ἀκοή ψόφου, ὄψις φανεῶν, ῥίνες ὀσμῆς, γλῶσσα ἡδονῆς καὶ ἀηδίας, στόμα διαλέκτου, σῶμα ψαύσιος, θερμοῦ ἢ ψυχροῦ πνεύματος διέξοδοι ἔξω καὶ ἔσω.

¹³ For the number seven and the senses, see *Loc. Hom.* 10–14 (48.24–58.33 Craik = 6.294.1–308.9 L.), where the ‘seven fluxes from the head’ are described, the first three of which are nostrils, ears and eyes, followed by chest, marrow, posteriorly to the vertebrae, joints. See also *Gland.* 11 (118.25–119.4 Joly = 8.564.18–21 L.), where the ‘natural passages from the head’, ‘seven in all’ (οἱ πάντες ἑπτὰ), are mentioned: ‘through the ears, the eyes, the nostrils ... the palate, the throat, the oesophagus ... the vessels’. The number seven has a specific significance in other contexts as well; see *Carn.* 19.1 (200.25–7 Joly = 8.608.22–610.2 L.), where ‘the period of life in man is seven days’ – this is the time the foetus takes to be formed; and of course the later treatise *Seven*.

Sight, hearing, smell, taste and touch are each associated with a bodily part, 'seat' or 'organ', and are clearly taken as a group of activities. In particular, στόμα διαλέκτου is included among the seven senses (σχήματα τῆς αἰσθήσεως): mouth and *talk* are numbered among the seven pairs of sense-plus-corresponding-organ that are said to compose αἴσθησις. This baffling inclusion of speech¹⁴ among the senses underlines the fact that they are scrutinised insofar as they are expressed by the patient, communicated through talk; how could the physician access them otherwise? A practical example: at *Liqu.* 1 (165.4–5 Joly = 6.120.8 L.), patients who cannot feel (νεαρκωμένοις) and patients who cannot communicate or move (τοῖσιν ἀφώνοισιν ἢ παραπληγικοῖσιν) are, for medical purposes, equally unreliable judges of the temperature of what they drink.¹⁵ To this pragmatic observation we should add the association of speech and sensation traditional from archaic Greek thought onwards; both are a 'taking in' and a 'letting out' of air, in which the organs of speech are identical to the seat of consciousness.¹⁶

4.5 The Patients: The Five Senses

Apart from instances thematising sensory experiences, in the surviving Hippocratic texts we find only one detailed discussion of the sensory

¹⁴ See also pp. 127–9 above.

¹⁵ *Liqu.* 1 (165.3–6 Joly = 6.120.7–9 L.): ἀλλὰ τὸ μὲν θερμὸν μὴ πρόσω καίειν· κρίνει δ' αὐτός, πλὴν τοῖσιν ἀφώνοισιν ἢ παραπληγικοῖσιν ἢ νεαρκωμένοις ἢ οἷα ἐπὶ τρώμασι κατεψυγμένοις ἢ ὑπερωδύνοισι, τούτοις δὲ ἀναίσθητα. Talk is included time and again in discussions of the senses: at *Vict.* 2.61 (184.8–9 Joly-Byl = 6.574.19–20 L.), 'exercises of sight, hearing, voice and thought are natural' (οἱ μὲν οὖν κατὰ φύσιν αὐτῶν εἰσιν ὅσιος πόνος, ἀκοῆς, φωνῆς, μερίμνης); *Int.Aff.* 39 (200.9–15 Potter = 7.262.4–8 L.) describes a patient with *typhus* who suffers some sensory alteration, including an inability to stand upright, communicate or see (καὶ ἦν τις ἀναστῆ αὐτόν, οὐ δύναται ὀρθοῦσθαι, οὐδὲ τοῖσιν ὀφθαλμοῖσιν ἀνορᾶν δύναται ὑπὸ τοῦ καύματος· καὶ ἦν τις αὐτὸν ἐρωτᾷ τι, ὑπὸ τοῦ πόνου ἀκούων οὐ δύναται ὑποκρίνεσθαι). As often elsewhere, Galen constructs an anatomical and neurological system to account for the Hippocratic descriptions (*Comm. Hipp. Prorrh. I*, 1.31, 45.10–18 Diels = XVI.576 K.): 'of those who lose their voice in acute diseases, some appear to be without sensation from the beginning of the illness, with both symptoms occurring together in their case, while others only become voiceless; the former together with the damage in [the voice, experience] damage in all other movements that happen voluntarily, the latter only in the voice. If together with the voice there is also damage to all the other functions, the illness is located at the beginning of the nerves' (my translation). This passage nicely illustrates the itinerary of anatomical naturalisation followed by a sign that was traditional in Greek culture (see next note).

¹⁶ Cf. Onians (1951) 14; see also 68–70. At 71–3, Onians discusses various doctrines of 'philosophers or "scientists"', explaining perception by analogy with speech through a common model of inspiration, as well as the converse example of the Homeric ability of the φρένες to 'see'; 68–70 for the 'intelligence of the organs of speech' in Homer. Here speech is part of the traffic between the world outside and the organs of mental life that occurs through the πόροι, by analogy with sensory appraisal. Most explicitly, at 74 Onians mentions the Homeric correspondences between αἶω 'perceive' ('hear' or 'see') and 'breath in' and αἰσθάνομαι. Classen (1993) 2 helpfully notes that senses were conceived by the ancients 'more as media of communication than as passive recipient of data'.

organs and their functioning, the case of vision in the treatise *On Sight*. No comparable discussions of hearing, smell, touch or taste are preserved. But rich information is offered by sections 31–5 of the pseudo-Aristotelian *Problemata* (Mayhew II.316–401.37–39 = 957a37–965a39), which consider eyes, ears, nostrils, mouth ‘and objects in it’ and touch, respectively, giving considerable space to the subjectivity of sensory experiences (such as sensitivity to sight, smell, taste and touch), as well as offering descriptions of the body parts involved. I move now to analysing each of the five senses, starting from these anatomical accounts, but especially using the information provided by the patient reports.

4.5.1 *Sight*

Remarks on visual alterations and the quality of vision can be organised as follows:

- 1) degrees of ‘not seeing’, ‘blindness’
- 2) unclear vision
- 3) ‘vertigo’ and response to light ¹⁷
- 4) flashing
- 5) visual hallucinations and dreams.

I include the element of dreams under the rubric of vision against current psychiatric classification practice – dreams are today interpreted as psychological and neurological experiences, not part of the optical sphere – because it is in these terms that dreams are represented in the ancient sources consistently across medical and non-medical literature. Dreams can be the appearances of a divine or dead agent, or simply an important figure (as in the many Homeric examples and often in tragedy), and in medical contexts, an *ὄναρ* is equal to a vision (an *ὄψις*, or a *θέαμα*). The terminology and style of description are in many ways identical to those adopted to discuss hallucinations while awake.

The last item in this subdivision (5) would be the only explicitly mental one on the current understanding of things. The first two cast the net very wide: inability to see clearly as severe as total lack of visual perception (1, 2) and visual perception of whirling images (3) or light (4) have a physiological element (damage to the organs of vision in some of the first cases, neurological

¹⁷ Described in current medical terms as impairment in spatial perception and stability, in which a patient perceives motion inappropriately. The sensation is described as a feeling that one is spinning or that the world is spinning around one, and is most often associated with an inner ear problem.

problems in all the others) that would today be seen as independent of mental problems (for example, in the case of migraine). In our texts, disruptions of this kind are often inserted into a general picture of mental suffering.

4.5.1.1 *Degrees of 'Not Seeing' and 'Blindness'*

Inability to see clearly, which may be as severe as total lack of visual perception, is extremely frequent in our texts. In fact, the number of references to non-specific 'not seeing' in the cases in the *Epidemics* is so high that it can only be explained in terms of degree: a visual alteration rather than blindness. Rose remarks that in the ancient world 'the proportion of people who were blind from accident as opposed to those blind from disease must have been small';¹⁸ this datum would reinforce the notion that, in the vast majority of our patient cases, in the absence of trauma and in the context of acute illnesses, we are looking at episodic and partial visual impairment, different from chronic and/or irreversible total blindness.¹⁹ These more 'nuanced' affections and variations are the most relevant for mental suffering and can in fact be considered part of mental life in an extended sense.

The terminology used for the states associated with visual changes is difficult to translate and organise in a univocal ranking. Some relevant terms appear to be technical in classical Greek, while others are part of everyday language. Among the latter, the τυφλ- terms (τυφλός, τύφλωσις, τυφλώω) are those most often used to indicate full 'blindness' (or metaphorically for lack of awareness or understanding),²⁰ along with expressions such as 'not seeing, not looking' (οὐχ ὁράω and the like).

¹⁸ Rose (2003) 81, 83–6. Rose includes among possible causes nutritional blinding, temporary and curable (lack of vitamin A, cured by the consumption of meat, as perhaps suggested – in different terms, of course – at *Vis.* 7 44.1–4 Craik = 9.158.12–15 L.), and plausibly cataract and glaucoma, which are lasting and aggravating conditions. Contagious disease, finally, is the other possible source of damage to the eyes, and of course old age (see *Aph.* 3.31, 409.1–4 Magd. = 4.500.15–502.2 L. on this, τοῖσι δὲ πρεσβυτέροισι, ... ἱλιγγοὶ ... ὀφθαλμῶν καὶ ῥινῶν ὑγρότητες, ἀμβλυωπίαι, γλαυκώσεις, βαρυηκοίαι, 'in the elderly ... sparks ... watery eyes and nostrils, unclear vision, cataract, hardness of hearing'). These cases, however, are only marginally represented in our patients. Grmek (1989) 25–6 calls blindness the 'most frequently mentioned infirmity in epic and classical tragedy' (although in these sources it is often a form of punishment and therefore traumatic in origin).

¹⁹ Only the case of the so-called 'night blind' (οἱ δὲ νυκτάλωπες) explored at *Epid.* 6.7.1 (144.9–12 Manetti–Roselli = 5.332 L.) and mentioned at *Epid.* 4.52 (144.15 Smith = 5.192.4 L.) can be considered a category of permanently impaired patients. The affection is described at *Prorrh.* 2.33 (280.28–282.2 Potter = 9.64.21–22 L.), οἱ δὲ τῆς νυκτὸς ὁρῶντες, οὓς δὴ νυκτάλωπας καλέομεν, οὔτοι ἀλίσκονται ὑπὸ τοῦ νουσήματος νέοι, ἢ παῖδες ἢ καὶ νεανίσκοι, 'those who see better at night, whom we call *nyctalopes*, are taken by the disease young, either as children or in fact as young men', and mentioned again at *Prorrh.* 2.34 (282.13 Potter = 9.66.8 L.).

²⁰ See Hanson (1985) 311–19.

There are cases in which these terms are explicitly associated with mental health, with particular emphasis on the pre-agonic phase of illness, the moments preceding death. At *Epid.* 7.26 (69.1–6 Jouanna = 5.398.14–19 L.), τύφλωσις and λήρησις characterise the climax of the illness in the days leading up to death: ‘around the fourteenth day, close to the sixteenth I think, the left eye became blind as a consequence of swelling without pain (ὀφθαλμός ἀριστερός ἐτυφλώθη μετὰ οἰδήματος ἄνευ ὁδύνης), and after not much longer also the right eye; and the pupils were very white and dry; and he died not much more than seven days after the blindness, with a groan and much delirium (ἐτελεύτησε μετὰ τὴν τύφλωσιν οὐ πολὺ, ὑπὲρ ἑπτὰ ἡμέρας, μετὰ ῥέγχου καὶ ληρήσιος)’. Blindness and the form of derangement described as λήρησις accompany the critical final moments. An acute significance is evident at *Int.Aff.* 39 (200.8–14 Potter = 7.262.4–9 L.), where patients with *typhus* suffer a variety of sensory disruptions, including the inability to stand upright, communicate or see, which disappears for an instant on the verge of death: ‘and if anyone makes him stand up, he is unable to sit straight; nor can he look up with his eyes (τοῖσιν ὀφθαλμοῖσιν ἀνορᾶν) on account of the burning heat; if anyone asks him a question, although he hears, on account of his distress he cannot reply. When the patient is on the verge of death, he sees keenly and talks confidently (ὁξύ τε ὀρᾷ καὶ φθέγγεται θαρσαλέως)’. A type of visual disturbance is specifically assigned to mental suffering at *Prorrh.* 1.71 (83.7–8 Polack = 5.528.4 L.) in a description of patients who are ‘in the dark in their wandering/irregular movements’ (thus Potter: σκοτώδεας ἐν τῷ πλανᾶσθαι), perhaps another instance of lack of balance and orientation. At *Coac.* 475 (222.6–7 Potter = 5.690.11–12 L.), in cases of *mania* convulsions may dim vision (ἐν τοῖσι μανιώδεσι σπασμός προσγινόμενος ἀμαύρωσιν ἴσχει), while at *Coac.* 489 (226.24–7 Potter = 5.696.2–5 L.), patients whose brain is shaken ‘immediately fall down, lose their ability to speak, and neither see nor hear’ (πίπτουσι παραχρῆμα, ἄφωνοι γίνονται, καὶ οὔτε ὁρῶσιν οὔτε ἀκούουσι). Finally, at *Aph.* 6.56 (459.4–6 Magd. = 4.576.19–21 L.), in the context of melancholic pathologies, blindness is mentioned as a possible outcome of the accumulation of humours (together with other mental afflictions): ‘in the melancholic diseases accumulations ... signal apoplexis of the body, spasm, *mania* or blindness (ἀποπληξίν τοῦ σώματος ἢ σπασμόν ἢ μανίην ἢ τύφλωσιν)’.

Affections of the head may also explain blindness. At *Int.Aff.* 18 (132.10–11 Potter = 7.212.9 L.), during a disease that can fix itself in different parts of the body, ‘if the pain settles in the head, [the patient] becomes deaf or blind’ (ἦν δὲ ἐς τὴν κεφαλὴν, κωφός ἢ τυφλός). The idea that changes in vision

and noticeable ocular behaviour are consequences of an engorgement of the upper body, which is also a cause of insanity, is implied at *Epid.* 2. 5.11 (76.23–5 Smith = 5.130.12–14 L.). Epilepsy, it is said here, is resolved by strabismus or blindness, which are among the affections characterised by overflow of blood or fluids (swelling of testicles, breast engorgement): ‘resolution (λύσις) of epilepsy when it has become habitual: a pain in the hips, or strabismus in the eyes, or blindness (ὀφθαλμῶν διαστροφαί, τύφλωσις), or swelling of the testicles, or enlargement of the breasts’.

In addition to τύφλωσις and cognate terms, we find various expressions meaning ‘not seeing’, ‘not seeing sharply’ (οὐ/οὐκ ὀξεῖα ὁρᾶν/βλέπειν) and the like. Our sources do not engage, first of all, with the difference between ‘seeing’ and ‘watching/gazing’, leaving aside the problem of intentionality, which is key for such data. Modern lexica usually translate ὁράω with the more general, agent-neutral ‘see’; thus at *Morb.* 2.25 (158.10–11 Jouanna = 7.38.19–20 L.), in the description of individuals who have been ‘struck’ or ‘hit’ (οἱ βλητοί) we read that the patient ‘has pain in the front of his head, and cannot see with his eyes’ (ἀλγεῖ τὸ πρόσθεν τῆς κεφαλῆς καὶ τοῖσιν ὀφθαλμοῖσιν οὐ δύναται ὁρᾶν).²¹ At *Int.Aff.* 48 (230.22–232.4 Potter = 7.284.11–13 L.), a syndrome with derangement and hallucinations presents sensory disturbance in its early stages: ‘he cannot hear sharply with his ears, and often does not see with his eyes’. Visual disruption is often noted in these terms, although we cannot establish whether total blindness or some slighter change is meant. What is noteworthy is that the frequency of the phenomenon appears strikingly high to us; this suggests that it might have been more frequent than today, but also that this aspect was given prominence among the symptoms suffered by patients, with a recurrent association with mental disorders.²² The two possibilities do not exclude one another and generally suggest an interest in the gradations of sensory changes.

The use of βλέπω²³ invites additional considerations as far as intentional vision, i.e. focus and concentration on what one sees, is

²¹ See also *Morb.* 28.1 (139.2 Jouanna = 7.16.6 L.), τοῖσι ὀφθαλμοῖσιν οὐχ ὁμαλῶς ὁρᾷ.

²² See also *Morb.* 2.73 (212.11–13.7 Jouanna = 7.110.14–12.2 L.): the victim of black disease (μέλαινα νόσος) ‘refuses to eat or fast ... and cannot see (with his eyes)’ (τοῖσιν ὀφθαλμοῖσιν οὐχ ὁρᾷ); *Epid.* 7.11 (60.4–6 Jouanna = 5.384.11–12 L.), the patient ‘again calmed down and fell into a state of coma and remained drowsy, completely unable to see, sometimes not even hearing (οὐχ ὁρώσα, ἔστι δ’ ὅτε οὐδ’ ἀκούουσα)’.

²³ A relevant sign here is the fixed stare (on which, see [Chapter 2](#), p. 90). At *Morb.* 3.9 (76.20–3 Potter = 7.128.6–9 L.), for example, patients ‘are out of their mind and stare fixedly (ἐκφρονεῖς εἰσι καὶ ἀπενεὲς βλέπουσι), and display the other signs of paralysis typical of those with *peripleumonia*, when they become deranged (ὅταν [οἱ ἐν τῇ περιπλευμονίῃ] ἐκφρονεῖς ἔωσι)’.

concerned. At *Salubr.* 8, in diseases that come ‘from the head’ (ἀπὸ τοῦ ἐγκεφάλου), with numbness (νάρκη) and signs of suffocation (220.1–3 Jouanna = 6.84.23–86.2 L.), ‘the pain in the head leaves the patient, but he loses his sight *when he tries to look at something*’ (ἐσορέοντι δὲ κλέπτεται οἱ ἢ ἰαυγή, Jouanna 220.7 = L.6.86.6). Here a different impairment is suggested, trouble in focusing perhaps similar to the aura known to accompany or precede epileptic attacks or migraines. A similar comment on visual ability is offered at *Coac.* 500 (230.16–19 Potter = 5.698.15–18 L.), with a mechanical cause (a wound): ‘patients are dimmed in their sight (τὴν δὲ ὄψιν ἀμαυροῦνται) in wounds to the eyebrow ... when the wound is fresh, they generally see (μάλιστα βλέπουσι), but as the scar becomes chronic, their loss of clear vision increases’ (ἀμαυροῦσθαι μᾶλλον). Here the opposition is between patients whose vision is dimmed (ἀμαυροῦσθαι) and those who can *generally* see/focus (μάλιστα βλέπουσι). Which kind of visual activity is implied? Is intentional seeing and focus at stake, or the ability to see at all? At *Mul.* 2.133 (8.282.15–21 L.), where insane patients (παράφοροι ... τῇ γνώμῃ) suffer a general hardening of the sensory organs and are unable to appraise matters correctly, something more intentional than the general ὁράω seems to be meant: ‘their eyes are fixed/hard, they cannot see clearly/focus sharply (οἱ ὀφθαλμοὶ σκληροί, καὶ βλέπουσιν οὐκ ὀξέα) ... the nostrils are dry and obstructed, unable to take in air/to inspire; their breathing slight, and they cannot smell; in the ears there is no sense of pain, but at times a conglomerate is formed’.²⁴ The patient at *Mul.* 1.8 (8.36.6–7 L.) also suffers from obvious psychological distress (she ‘does not want to take a walk and is depressed’, οὐκ ἐθέλει περιπατεῖν καὶ ἄθυμέει). In such a context, ‘she does not seem to look at things and is afraid’ (καὶ ἐμβλέπειν οὐ δοκέει καὶ δέδιεν) refers to the patient’s feeling (or appearance) of having a dead stare, of not really *looking at* things with any intention or focusing. Such a manifestation emerges within a portrayal of depressed mood and psychological distress.

In sum, lack of vision is almost always a matter of degree and accompanies affections to the head, sometimes traumatic but more often caused by malfunction in internal physiology. Lack of vision can also accompany death and acute phases of illnesses, as part of the mental suffering these involve.

²⁴ Cf. *Mul.* 2.203 (8.388.19–390.2 L.) ‘she suffocates, becomes speechless and does not see anything (οὐδὲν ὀρᾷ) and gnashes her teeth and becomes stiff and cannot reason, breathes fast and cannot hear anything’.

4.5.1.2 *Unclear Vision*

The discussion is made more complicated when it comes to obviously qualitative assessments of visual change. In these cases, the subjective commentary given by the patient must have played an even greater role. The vocabulary points towards two aspects: unclear and blurred vision and darkened sight.

The adjective ἀμβλὺς and related terms²⁵ seem to indicate a lack of precision rather than darkness. Very often this symptom appears in contexts of obvious mental disturbance:²⁶ in Damocles' case of geophrophobia at *Epid.* 5.82 (37.13–14 Jouanna = 5.250.14–15 L.) (*Epid.* 7.87), the patient 'seems to have impaired vision and cannot keep his body in check' – or 'has the impression that he has unclear vision'? (ἀμβλυώσσειν καὶ λυσισωματεῖν ἐδόκει).

At *Prorrh.* 1.18 (77.4–6 Polack = 5.514.12–14 L.), at the beginning of a section in which aphorisms on mental illnesses are grouped, sensory dullness is a sign of a turn towards melancholic derangement: 'if, during an ardent fever, ringing occurs in the ears together with dullness of vision and a heaviness in the region of the nose, these patients lose their wits in a melancholic way' (ἐν πυρετῷ καυσώδει ἤχων προσγενομένων μετὰ δ' ἀμβλυωσμοῦ, καὶ κατὰ τὰς ῥίνας βάρεος προελθόντος ἐξίστανται μελαγχολικῶς).²⁷ The passage is probably elaborated on at *Coac.* 190 (148.19–20 Potter = 5.624.19–626.2 L.) and extended to derangement generally: 'ringing in the ears with unclear vision, and heaviness/strong smell in the nose announce derangement, and haemorrhage follows' (ἤχοι μετ' ἀμβλυωσμοῦ, καὶ κατὰ ῥίνας βάρεος, παρακρουστικόν, καὶ αἱμορροεῖ).

A mechanism of congestion, as observed previously, is generally the cause of the mental quality of the phenomenon. At *Morb.* 2.19 (153.9–11 Jouanna = 7.32.17–19 L.), if the brain suffers from bile, congestion in the head follows with impairment to eyes, ears and nose: 'and the pain sometimes migrates to the ears, bile runs out through the nostrils, and the

²⁵ For a survey of these terms outside the medical environment, see Hanson (1985) 158–71. ἀμβλύνω means 'be curbed, be dimmed' – cf. the positive use at *Aph.* 1.9 (380.1 Magd. = 4.464.6 L.) to indicate the easing of a disease; or *Prorrh.* 2.15 (256.3–4 Potter = 9.40.14 L.), on 'heavy and dull' causes of a wound (βαρὺ τε καὶ ἀμβλὺ τὸ τρώσαν) – or for aborting a child in gynaecological texts (e.g. ἐξαμβλῶ, *Nat. Mul.* 35, 51.5 Bourbon = 7.376.21–2 L.).

²⁶ Although the sign also appears in other contexts: see the man of Clazomene in *Epid.* 1.26, case 10 (211.14 Kühlewein = 2.708.4 L.), who 'sees unclearly' (ἀμβλύτερον ἑώρα) at the moment of resolution of the disease; at *Prorrh.* 2.42 (Potter 290.19–21 = 9.74.3–4 L.), dimness of vision (ἀμβλυώσσουσιν) is a consequence of a disease linked to a tendency to haemorrhage becoming chronic; at *Coac.* 288 (172.25 Potter = 5.648.9 L.), individuals with a pain in the hypochondriac region with fever might suffer blindness (ὀφθαλμῶν στέρησις).

²⁷ See also *Coac.* 128 (132.9–11 Potter = 5.610.1–3 L.).

patient sees unclearly (ἀμβλυώσσει τοῖσιν ὀφθαλμοῖσι). At *Morb.* 3.10 (78.4–6 Potter = 7.128.22–130.1 L.), the process is associated with general reasoning impairment in a description of angina: '[the patient] sees and hears less keenly and, because of strangulation, is unaware of what he says, hears or does' (καὶ ὁρᾷ καὶ ἀκούει ἀμβλύτερον, καὶ ὑπὸ τοῦ πνιγμοῦ οὐκ ἔννοός ἐστιν, οὐτ' ἦν τι λέγει οὐτ' ἦν τι ἀκούη ἢ ποιέη).²⁸ It is then understandable that in cases of female patients with chronic fluxes at *Prorrh.* 2.27 (276.5–6 Potter = 9.60.2–3 L.), the physician suggests questioning them (ἐρέσθαι δέ) precisely about sensory variations: περὶ αἰμωδίας καὶ ἀμβλυωσμοῦ καὶ ἤχων, '[ask] about whether they feel *haimōdia*,²⁹ dimness of vision or ringing in the ears'.

The case of ἀμαυρόω and cognate terms that, at least etymologically, indicate visual alteration in the sense of dim and darkened vision,³⁰ is similar. For us it remains difficult to pin down a specific kind of disturbance: ἀμαυρὰ βλέποντας at *Acut.* (*spur.*) 55.2 (93.8 Joly = 2.506.8 L.) or τὸ ἀμαυρόν at *Epid.* 6.1.13 (14.4 Manetti–Roselli = 5.272.15–274.1 L.) can be translated variously as dimness of sight, lack of clarity or a degree of blindness. Only on occasion do the authors seem to have a clear distinction in mind: at *Prorrh.* 1.46 (80.10–11 Polack = 5.522.7–8 L.), ὄμματα ἀμαυρούμενα are considered an 'indifferent' (φαῦλον) sign ('bad' in Potter's interpretation), as opposed to the more severe τὸ πεπηγὸς ἀχλυῶδες κακόν: 'fixed and hazy eyes [are] *bad*'. We observed this datum, the fixed eye, when discussing the appearance of the face of a patient suffering from insanity: uncertain sight is the sensory counterpart of that, and it is here opposed in gravity to ἀχλυῶδες, which also means 'unclear'; there is a distinction, although we cannot really grasp it. Again, at *Coac.* 221 (156.21–2 Potter = 5.632.16–17 L.) we find 'for the eyes to lose their power of vision together with fixation and cloudiness [is] *bad*' (ὀμμάτων ἀμαύρωσις, καὶ τὸ πεπηγὸς, ἀχλυῶδες, κακόν). At *Prorrh.* 1.113 (90.8–9 Polack = 5.546.5–6 L.), simultaneous faintness and dimness of the eyes (ἄμα ἀψυχίη καὶ ὀμμάτων ἀμαύρωσις) can determine convulsions (σπασμόν) in cooperation with other signs.³¹ The subtle nuances of this terminology escape our grasp.

²⁸ That this is a sign of strangury is also clarified at *Morb.* 2.1 (132.6–7 Jouanna = 7.8.6–7 L.), where patients 'have dimness of vision when phlegm enters the vessels in the eyes' (ἀμβλυώσουσι δ' ὅταν ἐς τὰ ἐν τοῖσιν ὀφθαλμοῖσι φλέβια ἐσέλθῃ φλέγμα).

²⁹ On which, see below, pp. 321–2.

³⁰ See Hanson (1985) 115–57 on this term in association with ideas of death and darkness and the underworld outside the medical texts.

³¹ See also *Coac.* 222 (156.23–4 Potter = 5.632.17–18 L.) to this effect, ὀμμάτων ἀμαύρωσις ἄμα ἀψυχίη, σπασμῶδες συντόμως; *Coac.* 252 (162.24–6 Potter = 5.638.10–12 L.), δξυφωνίη κλαυθμώδης, καὶ ὀμμάτων ἀμαύρωσις, σπασμῶδες, implicating a voice-related sign as well.

In sum, these visual alterations are described without open engagement with issues of voluntariness and intentionality. They are generally connected with forms of damage or congestion to the head and chest, of which mental impairment is a normal consequence, or they are a sign in cases in which other mental pathologies feature. The physician is interested in reconstructing the subjectivity of the patient, a process that is at times declared (through expressions such as ‘it seemed (to him/her) that’, ‘s/he said that ...’³²) but that sometimes remains implicit.

4.5.1.3 *Vertigo and Response to Light*

A different kind of visual change, and one more certainly mental in nature, is distorted perception of light and movement. Greek has various expressions that seem to indicate a whirling sensation accompanied by sparks and flashes that sometimes overlap with the element of darkness: key terms are ‘darkness’ (σκότος), ‘whirling’ (δῖνος)³³ and σκοτόδινος and cognates.

σκοτοδινεῖν, σκοτόδινος and σκοτοδινίη are usually translated into English by ‘vertigo’ (δῖνος = ‘whirling, rotation’) and appear characteristically in association with head injury and insanity: ‘vertigo, depression, unwillingness to act/lack of energy’ (σκοτοδινίη, δυσθυμία, δυσεργία), for instance, are mentioned at *Vet. Med.* 10 (131.3–4 Jouanna = 1.592.17–18 L.) and *Aff.* 2 (8.21–2 Potter = 6.210.9–10 L.), where dizziness/vertigo feature in an affection of the head (σκοτοδινίη ‘falls upon the head’, ἐμπίπτῃ ἐς τὴν κεφαλὴν).³⁴

Headaches³⁵ and congestion are typical conditions for these phenomena. In the discussion of headaches at *Prorrh.* 2.30 (280.1–2 Potter = 9.62.21–64.1 L.), there is a category of patients ‘who get vertigo at the same time as the pain (in the head)’, an ailment that is ‘difficult to escape and tends to *mania* (δυσασπάλλακτον καὶ μανικόν)’. At *Coac.* 157 (140.17–20 Potter = 5.618.4–7 L.), apoplexy, epilepsy and forgetfulness can occur in individuals ‘with headache and tinnitus without fever, vertigo, slowed speech, numbness of the arms’ (οἷσι δὲ κεφαλαλγία καὶ ἤχοι ἀπυρέτοισι, καὶ σκοτοδινίη, καὶ φωνῆς βραδυτής, καὶ νάρκαι χειρῶν). An illustration of the full process is given at *Morb.* 2.4b (136.2 Jouanna = 7.12.11–12 L.): ‘when vessels are

³² As at *Mul.* 1.134 (8.302.22–304.1 L.), where it is said that a certain procedure should be applied ‘until the patient *says* that she sees dimly and feels faint’ (μέχρις οὗ ἂν φῇ ἀμαυρὰ βλέπειν καὶ λιποθυμέειν).

³³ Also *Acut. (spur.)* 17.1 (76.5 Joly = 2.426.8 L.), δῖνοι.

³⁴ See also *Acut. (spur.)* 7 (71.9 Joly = 2.406.7 L.), where ‘darkness of vision, speechlessness and heaviness of the head’ occur together (σκοτώσις καὶ ἀφωνία καὶ καρηβαρίη).

³⁵ See also pp. 193–4 n. 50 above.

overfilled with blood ... pain, dizziness and heaviness occupy the head' (ἴσχει ὀδύνη καὶ σκοτοδινίη καὶ βάρος τὴν κεφαλὴν) as a consequence of the pathological movement of blood in the head and its turbid quality (*Morb.* 2.4b, 136.6 Jouanna = 7.12.14–15 L.). In a similar way, at *Prorrh.* 1.147 (96.11–13 Polack = 5.564.8–9 L.) tension of the *hypochondria* and vision issues (μετὰ καρῆβαρίης καὶ κωφώσιος καὶ τὰ πρὸς αὐγὰς ὀχλέοντα) are associated, along with a sense of heaviness and oppression, and are defined as haemorrhagic signs (αἱμορραγικά);³⁶ the problem is one of overflow or an ill-directed flow to the head.³⁷

In a gynaecological context, darkness and whirling are especially common. At *Mul.* 1.36 (8.84.20–1 L.), after an imperfect delivery, together with bruxism and fainting 'the eyes turn around/look in a circle and she sees darkness' (τῶμματα ἀναδινέει, καὶ ζοφοειδὲς ὄρη); at *Mul.* 1.8 (8.34.22–36.1 L.), with suffocation 'darkness and whirling will appear before her eyes' (πρὸ τῶν ὀφθαλμῶν ζόφος ἔσται οἱ καὶ δῖνος); at *Mul.* 2.214 (8.416.1–2 L.), hope of conception is involved when this and other signs, such as bruxism and yawning, appear (βρυγμός ἐχῆ, καὶ σκοτοδινῆται καὶ χασμῆται, ἐλπίς ταύτη κυῆσαι μᾶλλον ἢ ἥτις τούτων μηδὲν πᾶσχει); and so forth.

Sometimes the reference to the darkness is difficult to identify with 'blindness', a disturbance of a purely optical kind, and appears to indicate instead a greater sensory-motor difficulty, suggesting that we should rethink this sphere of symptoms more comprehensively to include the patient's ability to move and stand. Compare the case of Eumelus at *Epid.* 5.23 (15.3–5 Jouanna = 5.222.16–18 L.), a patient who suffers from a progressive paralysis of the limbs. On the twentieth day of his illness, he hit his head on a rock and 'darkness covered him' (αὐτοῦ σκότος κατεχύθη). Likewise, darkness and a sense of whirling are associated with head trauma at *VC* 11 (76.8–9 Hanson = 3.220.16–17 L.), where the physician observing patients who have suffered such injuries should enquire 'whether the wounded person *is stupefied, if darkness enfolds him and vertigo grips him*, and if he falls' (ἦν ὁ τρωθεὶς καρωθῆ καὶ σκότος περιχυθῆ καὶ δῖνος ἔχῆ καὶ πέσῃ).³⁸ The ailment here seems to belong to

³⁶ Compare *Coac.* 147 (138.6–8 Potter = 5.614.15–17 L.) and 191 (148.21–3 Potter = 5.626.2–3 L.).

³⁷ See also *Morb.* 2.15 (149.1–6 Jouanna = 7.26.24–28.4 L.): when water accumulates in the brain, as we have seen, double sight is accompanied by σκοτοδινίη.

³⁸ The combination with head trauma is recurrent: sense of oppression, darkness, vertigo, inability to stand upright: at *VC* 11 (76.8–9 Hanson = 3.220.16–17 L.), ὁ τρωθεὶς καρωθῆ καὶ σκότος περιχυθῆ καὶ δῖνος ἔχῆ καὶ πέσῃ; at *VC* 14 (82.12–13 Hanson = 3.238.13–14 L.), ἔπειτα τὸν ἀνθρώπων ὅτι δινός τε ἔλαβε καὶ σκότος, καὶ ἐκαρώθη καὶ κατέπεσεν.

the sphere of balance and vestibular perception rather than to the visual in a restricted optical sense.

A question at *Probl.* 3.9 (Mayhew I.106.18–20 = 872a18–20) explores the link between drunkenness and seeing things move in a circle, focusing exclusively on the optical aspect: ‘Why does everything appear to be travelling in a circle (κύκλῳ πάντα φαίνεται φέρεσθαι) for those who are very drunk, and as soon as drunkenness has seized them, they are unable to observe things far away (ἀθρεῖν τὰ πόρρω οὐ δύνανται)?’³⁹ Again at *Probl.* 3.10 (Mayhew I.108.4–5 = 872b4–5): ‘Why, for those who are drunk, does the individual object they are looking at sometimes appear to be many?’ (διὰ τί τοῖς μεθύουσιν ἐνίοτε πολλά φαίνεται τὸ ἐν ὁρῶσιν;). The symptom is one in which observed objects appear to be spinning around, as opposed to darkness or lack of clarity, but the Hippocratic examples are not as clear regarding the quality of the experience. Some comparable precision is offered by *Int.Aff.* 48 (230.22–232.4 Potter = 7.284.11–13 L.), regarding the ‘thick disease’ that has important mental consequences. At an advanced and severe stage in this illness, ‘the pupils of the eyes are dilated, the patient sees dimly, and if you bring your finger up to his eyes, he will not perceive it, because he cannot see. This is how you might tell he cannot see: he will not blink when your finger is brought near’ (αἱ κόραι σκίδναι τῶν ὀφθαλμῶν, καὶ σκιαυγέει, καὶ ἦν προσφέρης τὸν δάκτυλον πρὸς τοὺς ὀφθαλμούς, οὐκ αἰσθήσεται διὰ τὸ μὴ ὁρᾶν τοῦτω δ’ ἂν γνοίης ὅτι οὐχ ὁρᾷ, οὐ γὰρ καρδαμύσσει προσφερομένου τοῦ δακτύλου). Crocydism and explicit forms of derangement with hallucinations follow this state, with a development that has its early stages in the visual, optical disruption.

Subjective reactions to light, finally, are traditionally noted both in ophthalmological contexts and as familiar metaphors for insight, knowledge and sanity.⁴⁰ Both skotophilia and photophobia appear in the Hippocratic presentation of mental disorder as anomalous behaviours: at *Morb.* 2.72 (211.17–18 Jouanna = 7.110.1–2 L.), for instance, when the patient is distressed and afraid, afflicted by nausea and fear of people, ‘he flees the light and people and loves darkness, and fear takes hold of him’ (τὸ φῶς φεύγει καὶ τοὺς ἀνθρώπους, καὶ τὸ σκότος φιλεῖ καὶ φόβος λάζεται).⁴¹

³⁹ See also *Probl.* 3.20 (Mayhew I.118.5–7 = 874a5–7).

⁴⁰ See Thumiger (2013b) on some of the latter as conventional in Greek tragedy, with bibliography.

⁴¹ These aspects are more generally recognised as part of the paradigm of sanity in ancient Greek culture (on Greek imagery of darkness and light with respect to madness and mental soundness, see at length Padel 1995, 55–77). Sensibility to light and darkness as mental is developed more explicitly by later medical authors. In a passage in the late text *Seven* (*Hebd.* 51, 76.84–9 Roscher = 8.670.15–17

4.5.1.4 *Flashing*

The visual perception of sparks or flashes, finally, appears several times: μαρμαρυγή, ἀστραπή, ἱλλαίνω/ἱλιγγος and cognates ('flashes of light/sparks'). The phenomenon borders on the hallucinatory and also features frequently in connection with pathologies of the head, and possibly with distress and mental disorder.

Phoenix, at *Epid.* 5.83 (38.5–8 Jouanna = 5.250.18–20 L.; cf. *Epid.* 7.88), 'seemed to see flashes like lightning (ὥσπερ ἀστραπὴν ἐδόκει ἐκλάμπειν) in [the right] eye; and when he had suffered that for a short time, a terrible pain developed towards his right temple'. At *Prorrh.* 2.35 (282.23–5 Potter = 9.66.16–18 L.), epistaxis may imply the onset of headaches and sparks before the eyes (ἢ τὴν κεφαλὴν ἀλγέοντάς τε καὶ μαρμαρυγῶδες τι πρὸ τῶν ὀφθαλμῶν φαινόμενον σφίσι) in patients who suffer from frequent pains in the head. At *Acut.* 52 (54.3–6 Joly = 2.312.5–314.1 L.), wrongly prescribed fasting causes sparks and tinnitus. These can oppress patients with mental distress and emotional turmoil: 'they are afflicted by sleeplessness ... they become *peevish and bitter*, and are deranged' (περίλυποι δὲ καὶ πικροὶ γίνονται καὶ παραφρονέουσι), 'there are sparks before their eyes, and their ears ring' (μαρμαρυγῶδεά σφρων τὰ ὄμματα καὶ αἱ ἀκοαὶ ἤχου μεσταί).

The final group of relevant terms in this area are ἱλλαίνω/ἱλιγγιάω and ἱλιγγος, which we discussed in connection with the external appearances of the eye in the portrayal of insanity, since the term can also indicate strabismus, eye squint.⁴² ἱλιγγος is used less than the other two. In the *Aphorisms*, it appears to be a disposition of a certain group of individuals. *Aph.* 3.23 (406.9–11 Magd.= 4.496.9–11 L.) mentions κεφαλαλγία, ἱλιγγοί, ἀποπληξίαι among the winter ailments, and we find ἱλιγγοί again among the affections of old age (τοῖσι δὲ πρεσβυτέροισι) at *Aph.* 3.31 (409.1–4 Magd.= 4.500.15–502.2 L.). At *Aph.* 3.17 (404.5–12 Magd.= 4.492.13–494.7 L.), a sense of oppression, heaviness of the head and vertigo (καρηβαρίας καὶ βαρυηκοῖας καὶ ἱλιγγους) are said to be typical of

L.), in the Latin codices (Ambros. lat. G. 108 and Parisin. lat. 7027) we read of patients who 'seek darkness' (*tenebras adpetunt*). Explicitly reporting the opinion of the 'ancients', Celsus 3.18.5 (123.4–9 Marx) discusses light and darkness as traditional elements in the therapy of the insane: 'The ancients generally kept such patients in darkness (*in tenebris habebant*), for they held that it was not to their good to be frightened, and that the very darkness confers something towards the quieting of the spirit (*ad quietem animi tenebras ipsas conferre aliquid*). But Asclepiades, thinking that the darkness itself terrified them, prescribed that they should be kept in the light. Neither of the two can be a permanent solution; for some are distressed by light, some rather by darkness (*alium enim lux, alium tenebrae magis turbant*).'

⁴² See above, p. 96.

southerly constitutions, together with motor problems (ἐν τῷ σώματι δυσκίνησιν). In these examples, a more structural quality is foregrounded than in the previous cases, perhaps a ‘tendency to feel vertiginous’ more than the actual occurrence of an episode.

ἰλλαίνω/ἰλιγγιάω, on the other hand, can be interpreted both as a visible squint and as vertigo, depending on the case.⁴³ At *Mul.* 2.182 (8.364.12–15 L.), ἰλιγγιάω obviously refers to the perceptual experience, a flashing before the eyes: black bile in the womb causes vertigo with other forms of distress, ‘she has sparks/whirls before her eyes (ἰλιγγιᾶ πρό τῶν ὀμμάτων), she is afraid and downcast, she passes black urine and dark discharge also from the womb, she is prey to nausea and despondency (δυσθυμία)’. Theophrastus devoted a short treatise to the phenomenon, his *Περὶ ἰλίγγων*, in which the experience is explained via the condition of the brain and the unnatural movement of an ‘alien breath’ or fluid inside the head (*Vert.* 1, 184.1–2 Sharples).⁴⁴ The experience Theophrastus describes is clearly subjective and resembles the neurological state indicated by the modern term vertigo, as opposed to visible modification or movement of the eye. In a passage in *Mul.* 1.41 (8.100.8–10 L.), however, both visible and subjective options remain open: the physician notices that in some cases one may find ‘bold/swollen and squinting eyes’ (θράσος ὀμμάτων ἰλωδέων) in association with disorderly speech (ἄλλοφάσσει) and straightforward mental disturbance (παρανοίαι ... μανιώδεις). Are these protruding (or fierce-looking) and squinting eyes, as seen by an outside observer, or is this a matter of perceived flashing, with a focus on the subjectivity of the patient?

4.5.1.5 *Visual Hallucinations and Dreams*

The most elaborate level of visual alteration is hallucination.⁴⁵ Hallucinations can be olfactory or auditory, but the visual variety is usually most prominent, and this is also the case in our sources, although other senses may also come into play. Biologically speaking, dreams and visual hallucinations are not, in point of fact, exclusively – perhaps not even primarily – a visual experience (i.e. originating in activity in the areas of the brain devoted to processing visual images), nor are they necessarily dominantly framed in visual terms across all cultures. In the Greek world, however, they are strongly characterised as images in literary instances

⁴³ See Chapter 2, p. 96.

⁴⁴ See Vogt (2002); Sharples’ edition of the text (2003) 172–81 for the introduction.

⁴⁵ See Pigeaud (1987/1995) 135–7 on Hippocratic hallucinations, and 109–45 for a chronological perspective. Harris (2013b) 301–5 discusses ancient naturalistic inquiries on the topic.

as much as in medical contexts. In literary representations, a dominant model is that in which a dream takes the form of a key figure speaking to the sleeper (as notably in Homer)⁴⁶ or in any case is characterised as a seen image. Hallucinations work along similar lines, and for this reason I discuss the two together.

A further distinction should be drawn between hallucination as distorted perception of an external reality (e.g. Hector mistaking Athena for his brother at *Il.* 22.226–31, or Ajax mistaking the cattle of the Greeks for his human enemies in Sophocles' *Ajax*) and a hallucination that creates an object that is simply not there (e.g. the εἶδωλον of Helen that went to Troy in place of the real woman, deceiving everyone, according to the story in Euripides' *Helen*⁴⁷). This distinction, which Pigeaud (following Esquirol) sums up as one between *hallucination* ('hallucination') and *illusion* ('delusion'),⁴⁸ is important in philosophy and later medicine, and is labelled differently in the epistemology of different philosophical schools.⁴⁹ In our texts, this epistemological aspect is not considered, although we might apply Pigeaud's distinction to separate the creative visions of the deranged from an inability, sometimes mentioned, to recognise family members,⁵⁰ or cases of double vision, which are forms of 'delusion'. At *Morb.* 2.15 (149.1–5 Jouanna = 7.26.24–28.4 L.), for example, 'if fluid forms in the brain ... he seems to see two objects instead of one' (δοκεῖ ἐκ τοῦ ἐνὸς δύο ὁρᾶν). Here the phenomenon is optical, perhaps recognised as deceptive even by the patient, as opposed to a hallucination. A similar experience is described at *Morb.* 2.12 (143.1–3 Jouanna = 7.22.4–5 L.), in the course of a disease of the head: 'when [the patient] looks at anything, the sight is snatched from his eyes, and he seems to see only half of the faces' (ἐκ τῶν ὀφθαλμῶν ἔσσορῶντι κλέπτεται οἱ ἡ αὐγή, καὶ δοκεῖ τὸ ἥμισυ τῶν προσώπων ὁρᾶν). At *Probl.* 31.11 (Mayhew II.326.11–13 = 958b11–13), the question is posed: 'Why do objects appear double in those whose eyes diverge?' (διὰ τί τοῖς διισταμένοις δύο φαίνεται;). An illustration follows: 'The soul, seeing one object twice, thinks it is two' (δύο ὁρᾶν τὸ δις ὁρᾶν οἴεται ἡ ψυχὴ), and conversely at *Probl.* 31.17a (Mayhew II.330.9–12 = 959a9–12): 'Why, when people move their eyes to one side, does the single object not appear as two?' (διὰ τί εἰς τὸ πλάγιον κινούσι τὸν ὀφθαλμὸν οὐ φαίνεται δύο

⁴⁶ What Harris (2003) 4 calls 'epiphany conventions'; see 23–90 for a discussion of the pattern and the problems involved in speaking of it as a 'model'.

⁴⁷ Also in Stesichorus' 'palinode' (quoted by Plato, *Phaedrus* 243a–b).

⁴⁸ Pigeaud (1987/1995) III.

⁴⁹ See Pigeaud (1987/1995) 112–45 for a complete survey of *phantasia*; Pigeaud (1983); Feola (2012) on *phantasma* and *phantasia* in Aristotle.

⁵⁰ On which see Chapter 5, pp. 409–10.

τὸ ἔν;).⁵¹ In the same way, we might ascribe individuals who ‘cry for no reason’ (κλαίουσι τε οὐδενὸς ἔνεκα) to the realm of ‘delusion’, and especially those who ‘fear what is not dreadful, are pained at what does not affect them, and their sensations are really not at all those a sensible person might feel’ (δεδίασι τε τὰ μὴ φοβερὰ λυπέονται τε ἐπὶ τοῖσι μὴ προσήκουσιν αἰσθάνονται τε ἢ τι ἢ οὐδέν, ὡς προσήκει τοὺς φρονέοντας, *Vict.* 1.35, 154.9–11 Joly-Byl = 6.518.5–7 L.). This seems to be a comprehensive description, in which both an incorrect evaluation of reality and the perception of unreal events can be included.

More frequent in our texts, however, are descriptions of clear-cut hallucinations and dreams. The physicians pay attention to the content and narratives of these and interpret them as physiologically meaningful in a broader sense, not as mere dysfunction in the cognition of the individual patient. This outlook is closer to the value such experiences have in tragedy or epic, for example, while the philosophical concern for the cognitive failure that hallucinations constitute is not paramount; the outlook of our physicians is primarily clinical and descriptive, non-evaluative.⁵²

I begin with dreams, not least because in this story they are largely non-pathological; they attract interest in our sources, but do not necessarily indicate disturbance. We have already considered sleeping and sleep disturbance in [Chapter 3](#), as well as the production of erotic images and wet dreams in connection with sexual life and the mental. Here I discuss dreams as experiences of the senses in their interaction with mental life and health and, on occasion, mental disorder. In our texts, as well as in earlier literary representations (Homer, and also much of the pre-Euripidean tragedy preserved for us), dreams share with the other mental facts under scrutiny here a largely non-personal, non-private character; regardless of their veracity, they do not stem from the sphere of personal concerns and values. Dreams are a communication from the outside (in literary texts) or, when they originate internally, as per naturalistic approaches, are still an event

⁵¹ This sign, discussed by Sacks (2012) 164–79 as ‘hallucinations in the half-field’, appears to be one the ancients were sensitive to; there is perhaps medical nuance activated in the passage from Euripides’ *Bacchae* in which Pentheus, at the peak of his manic possession, describes an episode of double vision, ‘it seems to me (δοκῶ) that I see two suns, and two Thebes’ (918).

⁵² Contrast Arist. *On Memory* (451a8–12, Bloch 34.8–12), who frames φαντάσματα as instead the fictitious memories mentally ill people sometimes have: ‘sometimes the opposite [*sc.* to the case of those who at first do not recognise their phantasms as mnemonic] also occurs, as it did, for instance, to Antiphron of Oreus and other unstable people (καὶ ἄλλοις ἐξισταμένοις); for they spoke of their images as having actually happened as they remembered them. And this situation occurs when someone regards as a representation what is actually not a representation’ (τὰ γὰρ φαντάσματα ἔλεγον ὡς γενόμενα καὶ ὡς μνημονεύοντες. τοῦτο δὲ γίγνεται, ὅταν τις τὴν μὴ εἰκόνα ὡς εἰκόνα θεωρῇ) (trans. Bloch); on the passage, see Ahonen (2014) 78.

involving the body–mind continuum that is common to all humans under common circumstances (as we shall see in the case of Book 4 of *Regimen*), and are not explained in terms of individuality. The erotic images in *De Generatione*, however physiologically explained and common to all males, were perhaps the closest example to a private level of experience (involving desire, pleasure and emotions). We have already noted, however, that in regard to these topics authors in *De Generatione* and elsewhere stress the shared, common character ('we'), as opposed to rooting the phenomena in a unique personal experience.⁵³

Dreaming as cultural experience has been scrutinised at length.⁵⁴ I shall concentrate my own discussion on medical instances and especially on cases in which dreams and hallucinations are evaluated in our sources in a context of mental suffering. Apart from *Regimen* 4, the data available from our texts are scattered and incoherent. The first comprehensive discussion in our tradition of the topic in a naturalistic way is that of Aristotle in three essays in the *Parva Naturalia*: *De Somno et Vigilia*, *De Somniis* and *De Divinatione per Somnum*.⁵⁵ This material is a precious guide, first for its clarity by comparison with the discussions in *Regimen*, and second since it shows that in the time of Aristotle it was accepted that sleep and dreaming were to be connected to the senses and their functioning. In addition, the Aristotelian texts have many points of contact with the psychology of *Regimen*⁵⁶ and can thus clarify the meaning of dreams as psychopathological experiences, or as indicative of pathologies involving mind and body in the medical texts. In only one of these works, in fact, does the philosopher

⁵³ Above, pp. 237–8. As Harris (2009) 280 suggests, a shift could be noticed only at a later point in Western history (for him between the late Middle Ages and the Renaissance), when epiphanic dreams began to be definitively rejected (as a consequence of which, their psychologically endogenous nature began to be recognised). Ancient dreaming has nonetheless been psychoanalysed: see famously Devereux (1970b, 1976), and of course Freud's appeal to ancient dreamers in the opening of the *Traumdeutung*. Literary sources after Sophocles seem to offer more suitable material for this kind of approach.

⁵⁴ On ancient dreaming, see Wöhrle (1995); Harris (2009), with a discussion of the contemporary scientific *status quo* and rare historical amplitude; Renberg's doctoral research (2003; and 2010 for a survey in Scioli and Walde 2010, where more essays are identified on dreams in antiquity in general); Oberhelman (2013) for dreams and medicine, with a perceptive introduction on the interlacing of dreaming with ideas regarding health and well-being, and in particular the essays by Hulskamp on medical dreams in Hippocrates and Galen (and already Hulskamp's dissertation, 2008, 155–98 on the Hippocratics); Guidorizzi (2013) for an anthropological perspective and survey of material.

⁵⁵ See Gallop (1990); Hankinson (1998) 24–34 on Aristotle on dreams. We have information about engagement with the topic of dream interpretation by earlier thinkers, Antiphon and a certain Panyasis, who offered plausible discussion regarding the veracity of dream interpretation (Harris 2009, 138 and 145).

⁵⁶ See van der Eijk (2004, 2011); Jouanna (2007b/2012) 215; Bartoš (2015) 201–6; Harris (2009) 237–43, on early philosophical sources on dreams (Heraclitus, Empedocles and Democritus); 253.

refer directly to the opinion of ‘medical authors’ (*Div. Somn.* 463a5): ‘the most sophisticated doctors (τῶν ἰατρῶν οἱ χαρίεντες) say that dreams are worthy of attention’. The nature of the discussion is evidently medical and is indebted to Hippocratic sources, most notably *Regimen*. What emerges clearly is a consolidated belief in sleep and dreaming as combining a physiological phenomenon with the functions of consciousness and the senses: ‘sleep is an affection of the perceptive sphere’ (ὁ γὰρ ὕπνος πάθος τι τοῦ αἰσθητικοῦ μορίου ἐστίν) involving all the senses (*Somn.* 454b9–10), and ‘it is clear that in all forms of perception there should necessarily be the same affection as in what we call sleep’ (φανερὸν ὅτι πάσαις ἀναγκαῖον ὑπάρχειν τὸ αὐτὸ πάθος ἐν τῷ καλούμένῳ ὕπνῳ, *Somn.* 455a10–11). The disruption of the senses that follows the concoction of food, here presented as the cause of sleep and, as a consequence, the trigger of dream activity, is the same affection that occurs in cases of mental pathology: ‘for something similar also happens in fainting; for fainting is an inability to perceive, and certain forms of insanity are also of the same kind’ (καὶ γὰρ ἐν ταῖς λειποψυχίαις τοιοῦτόν τι συμβαίνει· ἄδυναμία γὰρ αἰσθήσεως ἢ λειποψυχία, γίνονται δὲ καὶ ἔκνοιαί τινες τοιαῦται, *Somn.* 455b4–6⁵⁷). The process of falling asleep can be aptly compared to that of an epileptic fit (457a7–9⁵⁸). The nature of dreams is explained by Aristotle along similar lines: they are not perceived *through* the senses (*Insomn.* 458b10–459a22), of course, but are experiences of the perceptive part of the soul in its imaginative function (τὸ φανταστικόν, 458b30). Dreams are the residue of the material perceived while one is awake (460b30–461a8; 462a29–31): ‘[a dream must be defined as] the image deriving from the residual/persisting movements caused by perception, when one is asleep, inasmuch as one sleeps’ ([ἐνυπνιον φατέον] τὸ φάντασμα τὸ ἀπὸ τῆς κινήσεως τῶν αἰσθημάτων, ὅταν ἐν τῷ καθεύδειν ᾗ, ᾗ καθεύδει).⁵⁹ This doctrine has much in common with that of Book 4 of *Regimen*, and shows that Aristotle took the association between sleep, dreams and the senses for granted. By contrast, this association is not much on display today; in urban Western cultures at least, dreams are seen fundamentally as psychodynamic facts, reflecting anxieties and concerns of a personal nature, or they are taken to

⁵⁷ See also later at *Somn.* 456b10–11, distinguishing lack of perception in sleep from that of fainting (λειποψυχία), suffocation (πνίξ) and derangement (ἐκνοία).

⁵⁸ On the topic, see Lo Presti (2015a).

⁵⁹ A similar naturalistic explanation was offered by Artabanus in Herodotus: ‘Dream visions are particularly prone to revolve towards what one thinks about during the day’ (πεπλανῆσθαι αὐταὶ μάλιστα ἐώθασι [αἱ] ὄψεις [τῶν] ὀνειράτων, τὰ τις ἡμέρης φροντίζει, *Hist.* 7.16.b2), and is put forward by Plato in *Timaeus* 45c–6a. Perhaps one could understand in this light the Homeric epiphanic dreams that linger over one’s head (ὑπὲρ κεφαλῆς; e.g. *Il.* 2.20).

be neurological facts – brain activity, detached from the senses. For the ancients, dreams were primarily visions, sensory data.

In the naturalistic discussion of our period, dreams are indicated by the words ἐνύπνιον, ὄναρ and ἐπιφιλότης. But terms for ‘image’ and ‘appearance’ are also relevant and common in the vocabulary of hallucinatory experiences; a dream or hallucination is by definition visible and clear: ὄψις, δεῖμα, δόξα.⁶⁰ The relevance of these phenomena to the patient’s overall state of health is clearly expressed in our texts: at *Vet. Med.* 10 (131.8–9 Jouanna = 1.594.3–4 L.) sleepers experience ‘wild and troubled dreams’ following the consumption of unusual food (ἐνυπνιάζουσι τετραγμένα τε καὶ θορυβώδεα). In the methodological passage at *Epid.* 1.23 (199.9 and 15–18 Kühlewein = 2.668.14 and 670.5–8 L.), among the circumstances to observe in relation to diseases (περὶ τὰ νοσήματα) under the rubric ‘from habit/character’ (ἐκ τοῦ ἔθους) are ‘sleep and absence of sleep, the kind and time of dreams’ (ὑπνοισιν, οὐχ ὑπνοισιν, ἐνυπνίοισι, οἷοισι καὶ ὅτε); at *Epid.* 6.8.9 (174.3 Manetti–Roselli = 5.346.16–17 L.), among the ‘things from the small tablet’ mentioned previously that one should pay attention to are ‘phenomena of sleep: dreams, going to bed: both in what circumstances and for what causes’ (τὰ ἐν ὕπνῳ ἐνύπνια, κοῖται· καὶ ἐν οἷσι καὶ ὑφ’ οἷων). In these examples, dreams are not pathological, but indicate the state of health, which comprises mental states as well as bodily physiology. The medical inquiry deals with the patterns of sleep, but also with the nature and content of dreams.

In a similar spirit, in the account of ψυχή at *Vict.* 1.35 (156.3–5 Joly-Byl = 7.520.17–19 L.), one of the soul blends is characterised by nightmares or erotic dreaming (or wet dreams; ὀνειρώσσω can mean both, and in this case the suggestion of nocturnal pollution is not necessarily implied): ‘if the water is even more dominated by the fire, such a soul is too sharp, and they say that these people have nightmares/wet dreams’ (τούτους ὀνειρώσσειν καλέουσιν). At *Morb. Sacr.* 1 (3.8–15 Jouanna = 6.354.4–9 L.), by contrast, the context is one of clear pathology and mental in kind. The author, listing various kinds of insane patients (μαϊνόμενοι and παραφρονέοντες), mentions that many ‘while asleep groan and shriek, others choke, others

⁶⁰ In general, a common characteristic of the dreams the ancients thought worth reporting is their clearly conceived and remarkable character (Harris 2009, 98, 122 also notices the ancients’ fondness for ‘good stories’ when it comes to dream reporting): their structured nature and the dominance of one key presence. Renberg’s study of fifth-century BCE to fourth-century CE epigraphic votives prompted by dreams (2003, 2010, 34–5) supports this point, as he notices that formulaic expressions such as κατ’ ὄναρ/ὀνειρον, καθ’ ὄραμα are dominant, along with expressions of a prescriptive kind (κατ’ ἐπιταγήν, κατὰ κέλευσιν, κατὰ πρόσταγμα, κατὰ χρηματισμόν and corresponding Latin expressions).

dart up and rush out of doors, being delirious until they wake, when they become as healthy and rational as they were before (παραφρονέοντας μέχρι ἐπέγρωνται, ἔπειτα δὲ ὑγίεας ἐόντας καὶ φρονέοντας ὥσπερ καὶ πρότερον). The fact of being insane during sleep could thus be referred to dreaming or to a particular kind of dreaming, perhaps associated with wild movements and talking.

Moving on to patients and nosological discussions, dreams as signs of mental troubles are rarely noted in named individuals. Erasinus at *Epid.* 1.26, case 8 (209.17–19 Kühlewein = 2.702.11–13 L.), has sleeping distress and is generally mentally disturbed (παρέκρουσε). ‘Towards night he could not lie and rest; dreams/nightmares and talk’ (ἐς δὲ τὴν νύκτα οὐδὲν ἐκοιμήθη· ἐνύπνια καὶ λογισμοί), and this is followed by a turn for the worse with fear and distress (φόβος, δυσφορία, 209.20–2 Kühlewein = 2.702.14–16 L.). At *Coac.* 587 (254.21–5 Potter = 5.720.10–14 L.), ‘if [an epileptic patient] sees troubled dreams’ (ἢ παραχῶδες ἐνύπνιον ἐωράκη), this signals an imminent seizure. At *Morb. Sacr.* 14 (26.4–9 Jouanna = 6.386.22–388.3 L.), in fact, the centrality of the brain includes dreaming along with various mental experiences, among which pathologies of appraisal stand out: ‘it is the same thing that makes us mad or delirious, inspires us with dread and fear, whether by night or by day, brings sleeplessness, inopportune mistakes, pointless anxieties, absent-mindedness, and acts that are contrary to habit’ (τῷ δ’ αὐτῷ τούτῳ καὶ μαινόμεθα καὶ παραφρονέομεν καὶ δειμάτα καὶ φόβοι παρίστανται ἡμῖν τὰ μὲν νύκτωρ, τὰ δὲ μεθ’ ἡμέρην, καὶ ἐνύπνια καὶ πλάνοι ἄκαιροι καὶ φροντίδες οὐχ ἰκνεύμεναι, καὶ ἀγνωσίαι τῶν καθεστέωτων καὶ ἀηθίαι). The converse is described later, at *Morb. Sacr.* 18 (28.12–29.2 Jouanna = 6.390.4–8 L.), where bodily signs (flushing and redness of the eyes) are said to follow mental experience: fear and aggressiveness or wickedness, *regardless of whether the individuals in question are asleep or awake* (ὅταν τυγχάνῃ ὠνθρωπος ἐνύπνιον ὁρῶν φοβερὸν καὶ ἐν πόνῳ ἢ ὥσπερ οὖν καὶ ἐγρηγορότι ... οὕτω καὶ ἐν τῷ ὕπνῳ πάσχει). In the account of blood as a source of intelligence offered at *Flat.* 14.2 (122.2–6 Jouanna = 6.112.2–5 L.), the chilling of the blood in the body during sleep causes heaviness and sluggishness (ρέπτει τὰ σώματα καὶ βαρύνεται); then ‘the eyes close, intelligence is altered and certain other “illusions” linger on, which are called dreams’ (καὶ τὰ ὄμματα συγκληῖται καὶ ἡ φρόνησις ἀλλοιοῦται, δόξαι τε ἕτεραί τινες ἐνδιατρίβουσιν, ἃ δὴ ἐνύπνια καλέονται). Dreams come with variations in health and mental distress, and can influence them in turn. One element of health and regimen associated with dreams is food and diet; a second, recurrent one is fever. At *Aph.* 4.67 (425.9–10 Magd. = 4.526.3–4 L.),

the danger of fears originating from dreams during fevers is emphasised: ‘in fevers, fears deriving from dreams and spasms are a bad sign’ (ἐν τοῖσι πυρετοῖσιν οἱ ἐκ τῶν ὕπνων φόβοι ἢ σπασμοί, κακόν). The quality of dreams in fevers is seen as significant, as mentioned in the case of *phrenitis* at *Prorrh.* 1.5 (75.10–11 Polack = 5.512.1–2 L.): dreams are vivid in patients who have this disease (ἐνύπνια τὰ ἐν φρενιτικοῖς ἐναργέα), a sign perhaps of heightened mental activity during fever. Along similar lines, *Epid.* 4.20 (108.7 Smith = 5.156.23 L.) mentions ‘nightmarish fevers’, so-called ἡπιαλώδεις.⁶¹

I now turn to *Regimen* 4,⁶² the most complete testimony we have on the topic of dreams from a medical perspective. In the fourth book, the prognostic value of dreams is clearly illustrated and theorised, beginning with a description of their origin that has points in common with the Aristotelian discussion and clearly shows the influence of the Empedoclean idea of a ‘residue of the day’ that shows up in dreams.⁶³ At *Vict.* 4.86 (218.7–12 Joly-Byl = 6.640.8–15 L.):

When the body is at rest, the soul, being set in motion and awake, administers its own household and by itself performs all the acts of the body. For the body when asleep has no perception; but the soul, being awake, withdraws to one place and has cognisance of everything – sees what is visible and hears what is audible, walks, touches, feels pain, ponders. All the functions of the body and the soul are performed by the soul during sleep.

ὅταν δὲ τὸ σῶμα ἡσυχάσῃ, ἡ ψυχὴ κινεομένη καὶ ἐγρηγορεύουσα διοικεῖ τὸν ἐσωτῆς οἶκον καὶ τὰς τοῦ σώματος πρῆξις ἀπάσας αὐτὴ διαπρήσεται. τὸ μὲν γὰρ σῶμα καθεῦδον οὐκ αἰσθάνεται, ἡ δὲ ἐγρηγορεύουσα γινώσκει πάντα, καὶ ὁρᾷ τε τὰ ὁρητὰ καὶ ἀκούει τὰ ἀκουστά, βαδίζει, ψαύει, λυπεῖται, ἐνθυμεῖται, ἐν ὀλίγῳ ἐοῦσα· ὅσαι τοῦ σώματος ὑπηρεσίαι ἢ τῆς ψυχῆς, πάντα ταῦτα ἡ ψυχὴ ἐν τῷ ὕπνῳ διαπρήσεται.

The interpretation of dreams can reveal so much of the state of the body and its health because the soul has the property, it seems, of enacting

⁶¹ ἐφιάλτης is elsewhere represented as a throttling demon and is explicitly associated with aggressive fevers at Aristophanes’ *Vesp.* 1038–9: in the *parabasis*, the Chorus praise Aristophanes for his bold enterprises, ‘last year he attacked those nightmares and fevers | who strangled their fathers at night and throttled their grandfathers’ (τοῖς ἡπιάλοις ἐπιχειρῆσαι πέρυσιν καὶ τοῖς πυρετοῖσιν, | οἱ τοὺς πατέρας τ’ ἤγχον νύκτωρ καὶ τοὺς πάππους ἀπέπνιγον).

⁶² See on this text Cambiano (1980); van der Eijk (2011) for an analysis in the context of the other books of *Regimen*; Lo Presti (2008) 86–92.

⁶³ The author recognises the existence of two types of meaningful dreams: those divine in origin, which should be left to professional dream interpreters, and those that tell us about the state of the body (*Vict.* 4.71, 204.5–6 Joly-Byl = 6.610.10–11 L.) and *Vict.* 4.87, 218.14–17 Joly-Byl = 6.640.17–642.4 L.).

bodily states during sleep in a way that is concentrated and symbolic (even though it is not explicitly presented as such⁶⁴). The quality and meaning of dreams are measured by their closeness to the acts of the day: ‘but when dreams are contrary to the acts of the day, and some struggle or triumph is involved in them, a disturbance of the body is indicated’ (ὅταν δὲ πρὸς τὰς ἡμερινὰς πρήξιας ὑπεναντιῶνται τὰ ἐνύπνια καὶ ἐγγίνηται περὶ αὐτῶν ἢ μάχη ἢ νείκεα, τοῦτο σημαίνει τάραχον ἐν τῷ σώματι, *Vict.* 4.88, 220.5–7 Joly-Byl = 6.642.17–19 L.).⁶⁵ Specific items in the content of dreams may carry further precise meanings: ‘to see the sun, moon, heavens and stars clear and bright, each in its proper order, is good, as it indicates physical health in all its parts’ (ἀγαθὰ· ὑγιεῖν γὰρ τῷ σώματι σημαίνει ἀπὸ πάντων τῶν ὑπαρχόντων, *Vict.* 4.89, 220.19–20 Joly-Byl = 6.644.13–14 L.). Again, if there is a contrast between dream and reality, this signals disease, νοῦσος.

In the light of a residual theory of dreaming, the fact of dreaming something false or distorted is negative, since it reflects an incorrect antecedent perception, of which the dream is the intensified remnant. Mental facts are also foreshadowed by dreams. At *Vict.* 4.89 (222.18–19 Joly-Byl = 6.648.6–8 L.), dreams of the ‘force’ seemingly being put to flight (εἰ δὲ τρεφθῆναι δοκέοι ἐς φυγὴν τὸ ὑπάρχον) signal a risk of *mania* (κίνδυνος μανῆναι τὸν ἄνθρωπον); at *Vict.* 4.89 (220.28–9 Joly-Byl = 6.648.19–20 L.), the disorderly wandering of the planets signals a ‘disturbance of the soul’ (ὅσα δὲ τούτων πλανᾶται ἄλλοτε ἄλλη μὴ ὑπὸ ἀνάγκης, ψυχῆς τινα τάραξιν σημαίνει ὑπὸ μερίμνης); at *Vict.* 4.93 (228.20–230.12 Joly-Byl = 6.660.1–662.9 L.), to see monstrous bodies reveals that unfamiliar food has been consumed; imagining oneself fighting, being pierced or bound indicates a hostile secretion, just as dreams of wandering or making difficult ascents, crossing rivers or seeing armed men and monsters indicate disease or *mania*. These dreams are not only about a symbolic object being dreamed (e.g. a monster) but also about a performed action being imagined (fighting), and are relevant to the state of the dreamer’s bodily or mental health alike, in the characteristically holistic presentation of *Regimen*.

⁶⁴ This part, the formation of allegorical narratives, is left unclear in the text, as Hulskamp (2008) 159 notes.

⁶⁵ One should also interpret *Hum.* 4 (162.4–5 Overwien = 5.480.17–482.1 L.) in this sense, ‘[look at] what kind of dreams he sees, what he *does* during dreams’ (ἐνύπνια οἷα ἂν ὀρᾷ καὶ ἐν τοῖσιν ὕπνοισιν οἷα ἂν ποιῇ). Bodily movements betray dream content or particular states of anxiety and mental suffering; in a healthy individual, they should mimic the actions of the day (*Int.Aff.* 48, 232.22–234.3 Potter = 7.286.5–9 L.; *Vict.* 4.88–9, 220.1–224.28 Joly-Byl = 6.642.11–652.22 L.).

The semiology of dreams in *Regimen* goes further than this and is too rich to summarise here.⁶⁶ The main principles behind it are the correspondence between dreams and the sensing body and the senses and activities of the ψυχή, along with the revelatory quality of dreams on the state of health of the person, as they can have prognostic value and are of great importance to establishing therapy and diet. Within this continuum between body and soul, σῶμα and ψυχή, dreams can signal mental disturbances, as already seen, while simultaneously being in themselves mental facts and activities of the ψυχή. This outlook is not exclusive to *Regimen*, although this text is the clearest and most definite in this respect. *Gland.* 12 (119.23–6 July = 8.568.1–3 L.) offers a description of the mental consequences of damage to the brain: ‘reason is disturbed and the victim goes about thinking and seeing alien things (ἄλλοῖα φρονέων καὶ ἄλλοῖα ὀρέων); one bears this kind of disease with grinning laughter and grotesque visions (ἄλλοκότοισι φαντάσασιν)’.

As already noted, in a few cases dreams and hallucinations are presented in interchangeable terms and appear to be substantially the same phenomenon occurring under different circumstances. Apart from the terms that refer specifically to sleep, the terminology used for both evokes visual perception. The main difference is that hallucinations are always presented as a pathological, abnormal feature of mental life. One of the most striking examples: at the opening of *Girls*, the author surveys various forms of mental illness, from the sacred disease, to paralysis, to ‘those terrible visions by which people are so thoroughly frightened that they become deranged and think they see malevolent spirits, *sometimes by night, sometimes by day*, sometimes at both hours. From such a vision many persons have hanged themselves, in fact more women than men’ (*Virg.* 1, 22.4–8 Lami = 8.466.6–10 L.: περὶ τῶν δειμάτων, ὅκόσα φοβεῦνται ἰσχυρῶς ἄνθρωποι, ὥστε παραφρονεῖν καὶ ὀρῆν δοκέειν δαίμονας τινὰς ἐφ’ ἑωυτῶν δυσμενέας, ὅκοτε μὲν νυκτός, ὅκοτε δὲ ἡμέρης, ὅκοτε δὲ ἀμφοτέρησι τῇσιν ὥρησιν· ἔπειτα ἀπὸ τῆς τοιαύτης ὀψιος πολλοὶ ἤδη ἀπηγγονίσθησαν, πλέονες δὲ γυναῖκες ἢ ἄνδρες). This inclination to visions is peculiarly feminine, as far as this doctor is concerned,⁶⁷ and later on we hear more about the specific type of hallucinations these patients suffer.

⁶⁶ Harris (2009) 246–7 offers a summary; Hulskamp (2015) 264–7.

⁶⁷ Discussing non-medical sources, Harris (2009) 150 notes that ‘in all but one case all the dreaming in Greek tragedy is done by women’ – which squares with the ancient view of women as overly emotional and weak.

The longest description of hallucinatory experiences in our texts comes at *Int.Aff.* 48 (232.15–234.3 Potter = 7.284.22–286.9 L.). The patient is suffering from a ‘thick disease’ (παχύ) that comes about when bile collects in the liver and in the head. This is a complex mental syndrome, the behavioural features of which have been described above.⁶⁸ As derangement sets in (παράφρονέει),

there seem to appear before his eyes beasts and fighting soldiers, and he imagines himself to be fighting among them;⁶⁹ he speaks as if he were seeing such things, and he attacks and threatens, if he is not allowed to go outside ... when he goes to bed, he starts up out of his sleep upon seeing fearful dreams. We know that this starting up is due to dreams from the following: when he comes to his senses, he reports having had dreams that correspond to the way he moved his body and spoke with his tongue.⁷⁰

Here again, hallucination and dream experience are homologous and contiguous; the patient both hallucinates and dreams these things. Dreams are strongly characterised as forms of sensory mimesis, here pathologically vicarious to bodily action. Another interesting element in this report is the occasion for the experiences, travel and loneliness; at the end of the passage, we learn that this disease can strike a person as s/he is abroad or travelling along a lonely road (234.10–13 Potter = 7.302.1–3 L., αὕτη ἡ νοῦσος προσπίπτει μάλιστα ἐν ἀλλοδημίῃ, καὶ ἣν που ἐρήμην ὁδὸν βαδίζει καὶ φόβος αὐτὸν λάβῃ δὲ καὶ ἄλλως). Travel is in fact a potentially pathogenic condition, and it accordingly calls for a specific diet.⁷¹ In this case there may be an additional aspect, a φάσμα encountered on the ‘lonely road’ (ἐρήμην ὁδόν), i.e. hallucinations resulting from prolonged visual homogeneity. Sacks describes this type of phenomenon as an instance of ‘sensory deprivation’ that may strike individuals travelling alone through a monotonous landscape. We can imagine many such journeys in the ancient Greek world, with fear, emptiness and blinding light creating precisely such triggering circumstances: ‘visual monotony [can have such an effect]. Thus sailors have long reported seeing things (and perhaps hearing them too) when they spend days gazing at a becalmed sea. It is similar

⁶⁸ It is interesting to compare the accounts Sacks (2012) 209 gives of so-called ‘hypnagogic images’, hallucinations physiologically occurring in the phase preceding sleep.

⁶⁹ Compare *Vict.* 4.93 (230.7 Joly-Byl = 6.662.3 L.), mentioned above.

⁷⁰ καὶ προφανέσθαι οἱ δοκέει πρὸ τῶν ὀφθαλμῶν ἐρπετὰ καὶ ἄλλα παντοδαπὰ θηρία καὶ ὀπλίται μαχόμενοι, καὶ αὐτὸς ἐν αὐτοῖσι δοκέει μάχεσθαι τοιαῦτα λέγει ὡς ὁρῶν καὶ ἐπέρχεται, καὶ ἀπειλεῖ, ἣν μὴ τις αὐτὸν ἐξ ἐξίεναι ... καὶ ὅταν καθύδῃ, ἀναίσσει ἀπὸ τοῦ ὕπνου ὅταν ἐνύπνια ἴδῃ φοβερά. τῷδε δὲ γινώσκομεν, ὅτι ἀπὸ ἐνυπνίων αἴσσει καὶ φοβεῖται ὅταν ἐννοος γένηται, ἀφηγεῖται τὰ ἐνύπνια τοιαῦτα ὁρᾷν ὅποια καὶ τῷ σώματι ἐποίει καὶ τῇ γλώσσῃ ἔλεγε.

⁷¹ See Chapter 5, p. 378 with n. 107.

for travellers riding across a featureless desert or polar explorers in a vast, unvarying landscape ... high altitude pilots flying for hours in an empty sky ... long distance truckers ... – anyone with a visually monotonous task is susceptible to hallucinations.⁷²

A variety of compulsive behaviours, finally, can be reduced to hallucinatory phenomena, already mentioned under the rubric of compulsive movements. Crocydism/floccillation may be the external output of hallucination (the perceived presence of insects or bits of wool on one's blanket), as is the obsessive peeling of the wall by the wife of Hermoptolemus.⁷³ The physicians were well aware of the experience of hallucinating patients, the possibility that an ill person might be seeing something that was not there: the wife of Hermoptolemus appears to the visiting physician to move her eyes 'as if seeing or seeking something' (οἷη ὀρεούσης ἢ τινος βουλήσιος, *Epid.* 7. 11, 61.21 Jouanna = 5.390.20 L.).

Ancient testimony regarding dreams and hallucinations comes to us from very early on, allowing comparison to be used to note the distinctive aspects of the approach that emerges in the medical texts. The major novelty in our texts is the idea that visions are generated from the inside, a part of the life of the patient, mental and bodily together. Earlier representations, by contrast, are completely exogenous, supernatural presences manifesting themselves to the person. In our texts, these visions are still sensory experiences, but are now framed in an entirely physiological way.

Consider the hallucination scene at *Odyssey* 20.345–57.⁷⁴ The dreadful visions in this passage are manifestations of different world views, effectively different worlds that are in conflict. The hallucination opposes a majority of deranged villains, the suitors, to a single sane and morally sound individual, the seer Theoclymenus. The former are overcome by a paroxysm of laughter and possession in which the latter is unable to participate, and are for their part excluded from the truthful vision he is having. The hallucinatory experience is a way to offer two different interpretations of facts and two final destinies: the pathology suffered by the first group (346–7, παρέπλαγξεν δὲ νόημα ... γναθμοῖσι γελῶν

⁷² Sacks (2012) 34–5. Compare the case of the runner Pheidippides (Herodotus 6.105.1–2), who hallucinated the god Pan as he was running on a lonely road (on which, see Harris 2013b, 295 with n. 46); see Herman (2011) for an interpretation of the phenomenon of 'sensed presence' in Greek culture (especially with reference to ancient epiphany), with neurological suggestions.

⁷³ See Chapter 2, p. 151.

⁷⁴ Quoted in Chapter 2, p. 78. For a commentary on this passage covering the territory 'from debauchery to madness' see Halliwell (2008) 87–97.

ἄλλοτρίοισιν; 349, δακρυόφιν ... γόον: a κακόν, as Theoclymenus summarises the situation at 351), and then its diagnosis, which takes the form of a non-pathological but truthful vision with a precise meaning, exactly like the dreams in *Regimen*: the halls covered in blood, the tears and wailing, the darkness around the suitors' heads. In Homer, dreams and hallucinations are one of the gods' favourite and most effective modes of action, usually involving changes of appearances they can impose on themselves and others in order to deceive⁷⁵ or help.⁷⁶ These divine hallucinations are shows of omnipotence, or so they are presented, rather than cases of sensory alteration caused by physiological or mental factors.

At the time of the tragic poets and the Hippocratics, these latter components had gained importance and visibility. The discussion of the nature of Orestes' visions in Aeschylus' *Oresteia* and in Euripides' *Orestes* runs through the work of the three tragedians: Are the young man's visions the Furies who have come to take revenge? Are they mere appearances (δόξαι), the product of an illness? Or is Orestes' very consciousness (ξύνησις) haunting him after he has killed his own mother? The fifth-century dramatists reflect at length on this theme, with a clear awareness of ethical, psychological, medical and even political implications.⁷⁷ Euripides' *Helen* is perhaps the clearest example, staging a version of the myth in which the entire Trojan War was fought for the mere ghost of Helen, an image (εἰδωλον), and not the real woman. So too in the *Bacchae*, hallucination is the main weapon the god employs to destroy Pentheus, as the king is left to fight against a ghost, a φάσμα (or a light, φῶς, at 630⁷⁸), and hallucinates the god in the form of a bull (920–1). Hallucination can almost be called

⁷⁵ E.g. Athena appearing like Deiphobus to Hector in *Il.* 22.226–99: the goddess speaks to the Trojan hero 'resembling Deiphobus' (Δηϊφόβῳ ἑικυῖα, 227), and Hector does not recognise his mistake until 298–9 (Δηϊφῶν ... ἐφάμην ... παρῆναι ... ἐμὲ δ' ἑξαπάτησεν Ἀθήνη).

⁷⁶ E.g. Athena with her protégé Odysseus, at various times with different forms: e.g. *Od.* 13.221–5, 22.205–6, 224–35.

⁷⁷ Aesch. *Ch.* 1051–3: 'What images upset you, most beloved of all men? Come, do not be overcome by fear.' 'These of my suffering are no mere images to me ((Xo.) τίνες σε δόξαι, φίλτατ' ἀνθρώπων πατρί, | στροβοῦσιν; ἴσχε, μὴ φοβοῦ, νικῶν πολὺ. | (Op.) οὐκ εἰσὶ δόξαι τῶνδε πημάτων ἐμοί); see Garvie (1986) 318 for discussion of these verses and the interpretation of δόξαι. Or again, is it the very consciousness of Orestes, haunting him after he has killed his mother? (Eur. *Or.* 395–6: τί χρῆμα πάσχεις; τίς σ' ἀπόλλυσιν νόσος | (Op.) ἡ σύνεσις, ὅτι σύνοιδα δεῖν εἰργασμένος, 'What are you suffering? Which disease is destroying you?' 'Awareness, because I know I have done something terrible'); see Willink (1986) 150–1 *ad loc.*; Di Benedetto (1965) 85–6 *ad loc.*; and p. 397 n. 166 below (with Assael 1996 etc.); Sorabji (2014) 16 for a discussion of the *Orestes* passage as possibly the first document of an idea of conscience, *suneidēsis*, in Greek culture. Our texts thus keeps this aspect out of the picture, in open counter-tendency to the sophistication of late fifth-century psychological vocabulary and reflection.

⁷⁸ φῶς mss. and Seaford; φάσμι Jacobs, Dodds, Diggle.

a genre-specific tool and is a pervasive motif in ancient drama, where it stages themes of ethical transgression and misjudgement.

Against this traditional background and heavy presence in contemporary culture, the Hippocratic physicians, although they consider hallucinatory experiences worthy of medical attention and devote considerable space to them, characteristically elide the conflictual and personal element. As noted earlier, *Girls* is the sole exception to this tendency, as in this treatise hallucinations are associated with a clear narrative of emotional distress with an existential, psychodynamic make-up (to use modern terminology) that may be lasting and fatal. In all other cases, hallucinations and dreams are either meaningful but non-pathological, or are associated with acute illness, and as such are entirely rationalised, follow patterns common to all patients and can as a consequence be kept under control. Significantly, no hallucinations or dream content are described in the patient cases, and such phenomena are discussed only in nosological, super-individual contexts. This shift illuminates the agenda at work in the Hippocratic doctors, an area in which the irrational and religious components are visibly naturalised – and neutralised.

4.5.2 *Hearing, Hearing Disturbances and Auditory Hallucinations*

At *Loc. Aff.* 8 (194.7–18 Kühn), Galen famously describes the ‘aura’ perceived by the epileptic, depicting it as a sensation similar to a breeze, in the patient’s words (οἷον αὔραν τινὰ ψυχρὰν ἔφασκεν), rising towards the head in anticipation of a fit. There is no comparably explicit first-hand (or perhaps first-person) description of the experience in our texts. The combination, however, of the degrees of visual change just noted and variations in hearing can easily be understood as aural disturbance.⁷⁹ In fact, in several cases of visual disturbance already analysed auditory changes are also present, and these too are indicated by a range of terms that may indicate both gradation in severity and varying nature (i.e. degrees of hearing impairment or deafness versus auditory hallucinations and a refusal to hear or listen). I shall begin by addressing the two phenomena separately, mindful that the borders are slippery, and here even more so than in the case of visual perceptions. Discussions of hearing, in fact, are much more reliant

⁷⁹ The so-called ‘aura’ is recognised by medicine as a symptom accompanying the beginning of migraines or seizures, with visual and auditory changes as well as pantosmia (olfactory changes) and gustatory hallucinations among the sensory experiences, as well as tactile feelings of various kinds, accompanied by aphasia and confusion. See Ahonen (2014) 191 on Galen’s take on this topic.

on subjectivity, their content transient, unrepeatable and impossible to grasp intrasubjectively.

In what follows, I explore (1) total deafness and deafness as disability (both rare, as in the case of vision); (2) degrees of deafness; (3) tinnitus, buzzing, ringing and similar phenomena as hallucinatory experiences.

Hearing is the sense in which anthropological scholarship has most emphasised the distance between our ideas and experiences and those of the ancients. There is a basic environmental reason for this: we live today in a far noisier world, and our hearing sensibility is much reduced as a consequence. In addition, we tend to make use of elective auditory stimulation and to do so in a private, isolated way.⁸⁰ This difference may explain the greater attention given by the ancients to changes in hearing: comments and reports about not hearing, not hearing well or degrees of deafness are extremely frequent both in clinical texts and elsewhere. A second reason is the one already evoked in [Chapter 2](#) in regard to the rich attention our texts pay to voice variation in patients: if ancient Greek culture was in a particular way a ‘culture of communication’,⁸¹ hindrance to oral exchange was bound to be an especially alarming sign for the overall state of the patient. This applies to speech, but equally to hearing. At *Hum.* 4 (162.5–6 Overwien = 5.482.1–2 L.), it is clearly said that a physician must observe ‘if one can hear keenly, and *is interested in information*’ (in a context of the patient’s mental health: ἤν ἀκούῃ ὁξὺ καὶ πείθεσθαι προθυμῆται); hearing and communication (namely, an interest in engaging with others) go naturally hand in hand.⁸²

Much of the terminology at play oscillates between deafness and stupidity, an inability to hear and general cognitive tardiness. At *Morb.* 3.10 (78.4–6 Potter = 7.128.22–130.1 L.), the patient ‘because of the strangulation sees and hears less keenly than before’ and ‘is unaware of what he says, hears or does’ (οὐκ ἐννοός ἐστιν, οὐτ’ ἤν τι λέγει οὐτ’ ἤν τι ἀκούῃ ἢ ποιέῃ); hearing and general disorientation go together. At *Epid.* 5.60 (27.5 Jouanna = 5.240.10 L.; cf. *Epid.* 7.32), again, a patient ‘cannot hear or reason properly’ (ἤκουεν οὐδὲν οὐδὲ ἐφρόνει).

Both deafness and stupidity, in fact, belong to the realm of mental impairment in Greek culture. This is a fundamental difference between

⁸⁰ Rose (2003) 87; 70 on the keener sense of hearing in antiquity; Bettini (2008), with a poetic agenda for its ‘antropologia sonora’, making a similar point; Sacks (2013) 68.

⁸¹ With Rose (2003), [Chapter 4](#).

⁸² In the description of *typhus* at *Int.Aff.* 39 (200.11–12 Potter = 7.262.6–7 L.), in fact, it is specified that the patient’s unresponsiveness is caused by pain rather than deafness: ‘and if someone asks him something, *on account of the pain* he cannot reply upon hearing/he cannot hear and reply’ (καὶ ἤν τις αὐτὸν ἐρωτᾷ τι, ὑπὸ τοῦ πόνου ἀκούων οὐ δύναται ἀποκρίνεσθαι).

ancient and modern understandings; the Greeks placed deafness in an area we would categorise as intellectual rather than strictly physical impairment.⁸³ This connection is clear in Aristotle's remarks regarding hearing in general at *De Sens.* 1, 437a11–18: 'It is hearing that contributes most to the growth of intelligence (πρὸς φρόνησιν ἢ ἀκοή πλεῖστον συμβάλλεται μέρος). For rational discourse is a cause of instruction, in virtue of its being audible (ὁ γὰρ λόγος αἰτιὸς ἐστὶ τῆς μαθήσεως ἀκουστός ὢν), which it is not directly but indirectly, since it is composed of words, and each word is a thought symbol. Accordingly, of persons destitute from birth of either sense, the blind are more intelligent than the deaf and dumb (διόπερ φρονιμώτεροι τῶν ἐκ γενετῆς ἐστερημένων εἰσὶν ἑκατέρας τῆς αἰσθήσεως οἱ τυφλοὶ τῶν ἐνεῶν καὶ κωφῶν).' It is important to recall, once again, the shifting cultural-historical boundaries between bodily and mental in the accounts of these experiences, and especially the difficulty in accounting for the nuances between deafness, the choice to be silent, inability to speak and mental impairment, implicit in the variety of ancient expressions used for the lack of speech in a patient.⁸⁴

Explicit relevance to mental states is found at *Morb. Sacr.* 14 (26.14–27.4 Jouanna = 6.388.7–11 L.), where impairment of hearing and vision are mentioned together: 'when [the brain] moves, (it is necessary) that vision also should be restless, and hearing too (μήτε τὴν ὄψιν ἀτρεμίζειν μήτε τὴν ἀκοήν), but the patient hears and sees here and there, and the tongue says whatever is seen and heard in each case (ἀλλὰ ἄλλοτε ἄλλα ὁρᾶν καὶ ἀκούειν, τὴν τε γλῶσσαν τοιαῦτα διαλέγεσθαι οἷα ἂν βλέπῃ τε καὶ ἀκούῃ ἐκάστοτε)'. Damage to the brain causes alterations in perception and, in turn, inconsequential communication.⁸⁵

Following the pattern adopted for visual disturbance, we can organise the Hippocratic discussion of hearing as follows.

4.5.2.1 Deafness

'Deafness proper' as a major impairment, whether chronic/permanent disability or acute sign, is a limited phenomenon in our texts. Nonetheless, the category 'deaf' (permanently, or chronically) exists – unlike in the case of visual disability, where no reference is made to permanently blind patients, at least in any explicit manner. An example is *Coac.* 193 (148.25–6 Potter = 5.626.4–5

⁸³ See Rose (2003) 66.

⁸⁴ Analysed in Chapter 2, pp. 132–42.

⁸⁵ On brain pathology and hearing (and seeing impairment), see also *Morb.* 1.4 (10.16–17 Wittern = 6.146.10 L.); *Loc. Hom.* 2.2 (38.10 Craik = 6.278.20 L.); *Morb.* 3.1 (70.6 Potter = 7.118.6 L.).

L.): 'those with bad hearing, tremors when they try to grab hold of something, sluggish tongue, numbness, a bad state' (οἱ δύσκωφοι, ἐν τῷ λαμβάνειν τρομῶδεις, γλῶσσαν παραλελυμένοι, νωθροί, κακόν). See also *Carn.* 18.1 (200.6 Joly = 8.608.7 L.), which offers the only explicit mention of the congenitally deaf as a group (οἱ κωφοὶ οἱ ἐκ γενεῆς). Such individuals are unable to understand how to speak, and utter mere sounds.⁸⁶

If we turn to hearing terminology, κωφός and related terms⁸⁷ constitute the main vocabulary. This poses a problem from the start, as the words can mean both 'deaf' and 'dumb', have degrees,⁸⁸ and also indicate intellectual slowness and other sensory numbness,⁸⁹ making a sense of pure disability to the auditory system difficult to isolate. Etymologically, κωφός evoke silence and dullness,⁹⁰ and the adjective may qualify insanity. *Prorrh.* 1 in particular emphasises the sign in mental cases, for example at 32 (78.9–12 Polack = 5.518.3–6 L.): 'κῶφῶσις in conjunction with very red urines that contain suspended material but set down no deposit, presages derangement (παρακρουστικόν) ... deafness/numbness (μῶρωσις) coming after jaundice is also a bad sign. These patients lose their speech, but at the same time retain their sensory capacities ... (τούτους ἀφώνους, αἰσθανομένους δὲ συμβαίνει γίνεσθαι).'⁹¹ So too at *Prorrh.* 1.33 (78.13–14 Polack = 5.518.8–9 L.), 'for deafness to come on in acute and troubled diseases is a bad sign' (κῶφωσις ἐν ὀξέσι καὶ ταραχώδεσι παρακολουθοῦσα, κακόν – where ταραχώδης is perhaps associated with psychological distress) and *Coac.* 165 (142.15–16 Potter = 5.620.3–4 L.), 'during headaches, for insomniac persons with deafness to vomit rust-coloured material indicates a rapidly approaching *mania*' (τὰ ἐν κεφαλαλγίῃσιν ἰώδεα ἐμέσματα μετὰ κωφώσιος, ἀγρύπνοισι, ταχὺ ἐκμαίνει).

⁸⁶ In this passage, a difficult explanation of the association of dumbness and deafness is offered, on which see Deichgräber and Schwyzer (1935) 96. Central is the association of the two impairments as types of communicative failure by virtue of a dysfunctional air transit. For deafness as resolution instead, see *Aph.* 4.60 (424.2–3 Magd. = 4.524.1–12 L.), 4.28; *Prorrh.* 1.129 (93.17–18 Polack = 5.556.4–5 L.); *Coac.* 617 (262.22–3 Potter = 5.728.3–4 L.).

⁸⁷ Over seventy occurrences in our texts, mostly in *Epidemics* and *Prorrh.* 1; see Rose (2003) 70 n. 20.

⁸⁸ Cf. *Coac.* 172 (144.10 Potter = 5.620.16 L.), a category of patients 'with (slightly?) impaired hearing' (ὑπόκωφοι), where the compound in ὑπο- suggests degree.

⁸⁹ Cf. *Mul.* 1.41 (8.100.14 L.), 'there will be dumbness of the eyes or hearing' (κῶφωσις ἔσται ὀφθαλμῶν ἢ ἀκοῆς): the term means a general sensory weakness and can apply to visual or acoustic perception, even though the second meaning seems to be standard (but often with the genitive or dative of τὰ ὅσα to qualify).

⁹⁰ κωφός means 'blunt, dull, obtuse'; also used objectively for a silent house or a sleepy-looking eye.

⁹¹ μῶρωσις is unspecific, so that Potter's 'deafness' makes the nuances of sensory impairments more precise than the text allows. The same is true of his translation of αἰσθανομένους δὲ, just below, with 'but at the same time they retain all their mental faculties'. In this instance, κῶφωσις is presented in opposition to αἰσθανομένους, so that a sensory quality appears to be foregrounded.

More common are cases in which changes in hearing signal acute or critical stages, although this aspect is never thematised by our authors. *Int.Aff.* 18 (132.10–11 Potter = 7.212.9 L.) discusses a disease that develops out of *nephritis* and involves ‘the vessels that extend down from the head past the throat’. When this becomes severe and resists a cure, it can cause the patients to become deaf and blind ‘if the pain is fixed in the head’ (ἦν δὲ ἐς τὴν κεφαλὴν, κωφὸς ἢ τυφλός). Whether this is a case of permanent impairment or will be resolved by recovery remains unclear.

Elsewhere, κώφωμα can accompany the moment preceeding death, as in the case of a three-month fever with purulent discharge at *Epid.* 5.24 (15.13–15 Jouanna = 5.224.3–5 L.): ‘before death, he was deaf in the ears and could not hear, unless one shouted very loudly’ (ἐκωφώθη τὰ οὖρα καὶ οὐκ ἤκουεν, εἰ μὴ τις πάνυ μέγα βοῶν). Deafness can also lead to further developments, as at *Prorrh.* 1.159 (98.3–4 Polack = 5.568.6–570.1 L.): ‘following deafness (ἐκ κωφώσεως), a swelling in the ears is probable’. In *Epid.* 3.17, case 7 (237.22–238.7 Kühlewein = 3.122.7–17 L.), deafness is expressly treated as important and is monitored in its changes as an indicator of the state of the patient: ‘eighth day, κώφωσις; ninth day, ἡ κώφωσις παρέμενε; seventeenth day, ἡ κώφωσις σμικρὰ συνέδωκε ... ὅση, κωφότης· ἐνῆν καὶ παράληρος; twentieth day, κωφότης; twenty-fourth day, κώφωσις πάλιν; twenty-seventh day, ἡ κώφωσις ἐξέλιπεν’.

On the whole, then, a temporary quality emerges as dominant in the clinical texts. Changes and disruptions in hearing often appear to be intermittent, sometimes sudden states, leaving the distinction between dumbness, deafness and a refusal to interact opaque to the modern reader.

4.5.2.2 *Degrees of Hearing*

Degrees of hearing can involve duration or severity. The difference is always difficult to establish, as in the case of the deranged wife of Hermoptolemus at *Epid.* 7.11 (60.17–18 Jouanna = 5.384.22–3 L.): the woman ‘could hear only *intermittently* (ἤκουεν ἀνωμάλως), some things very clearly, even if one spoke softly, but *in some cases* one had to raise one’s voice’ (τὰ μὲν σφόδρα καὶ εἰ σμικρὸν τις λέγοι, ἐπ’ ἐνίων δὲ μέζον ἔδει διαλέγεσθαι). This transitory quality is always implicit for patients who cannot hear or hear only imprecisely during their illness; these cases are often associated with ringing in the ears and tinnitus. Thus at *Morb.* 2.4a (135.1–7 Jouanna = 7.10.19–24 L.), ‘the vessels are raised and throb, pain occupies the entire head (ὀδύνη κατὰ πᾶσαν τὴν κεφαλὴν ἐγγίνεται), the ears ring and the patient hears nothing (τὰ ὦτα ἡχεῖ καὶ ἀκούει οὐδέν). The ears ring (ἡχεῖ) because the vessels are throbbing and quivering, for then there

is a ringing in the head (ἤχος ἐνεστίην ἐν τῇ κεφαλῇ). The patient is hard of hearing, partly on account of the sound and ringing (βαρυηκοεῖ δὲ τὸ μὲν τι ὑπὸ τοῦ ἔσωθεν ψόφου καὶ ἤχου) and partly because the brain and vessels around it swell up.'

The association of changes in hearing with mental incapacitation returns often and goes beyond the ambiguity implicit in the terminology of κωφός. At *Epid.* 5.91 (41.7 Jouanna = 5.254.9 L.; cf. *Epid.* 7.100), a healthy mind and good hearing go together, ἤκουε δὲ καὶ ἐφρόνει; at *Morb.* 2.17 (152.1–2 Jouanna = 7.30.22 L.), 'the patient hears nothing, wanders and tosses about in pain' (ἀκούει οὐδὲν καὶ ἀλύει καὶ ῥιπτάζει αὐτὸς ἑωυτὸν ὑπὸ τῆς ὀδύνης); at *Mul.* 2.203 (L. 8.390.1–2), καὶ οὐδὲν φρονέει, καὶ ἀναπνεῖ πυκνὰ, καὶ οὐδὲν ἀκούει, 'she cannot think straight, breathes fast and cannot hear anything'. The picture of derangement implies an inability to hear.

There are also references to imprecise perceptions with more definitely aural characteristics located between imprecise hearing and auditory hallucinations. As in the case of vision, 'not sharp(ly)' (οὐκ ὀξεᾶ/ὀξέως) is a common expression. At *Morb.* 2.12 (143.7 Jouanna = 7.20.9 L.), a type of patient who sees half-faces, as already discussed, also 'cannot hear distinctly' (ἀκούει οὐκ ὀξέα); at *Int.Aff.* 49 (238.6–8 Potter = 7.288.21–290.1 L.), pain in the head again causes the patient not to see or hear well 'because of the oppression' (οὔτε τοῖσιν ὥσιν ἀκούειν δύναται ἀπὸ τοῦ βάρους); at *Mul.* 1.41 (8.100.7–9 L.), the patient suffers from a displacement of lochia that eventually brings mental signs (ἀλλοφάσσει; παρανοαί ... μανιώδεις), before which 'because of the illness they cannot hear keenly' (τοῖσι ... οὕσιν οὐκ ὀξέως ἔστι τὸ ἀκούειν ἐκ τῆς νόσου). At *Int.Aff.* 48 (232.1–3 Potter = 7.284.12–13 L.), the vivid description of derangement and visual hallucination already discussed includes an auditory element, 'he cannot hear keenly with his ears, and often cannot see with his eyes' (τοῖσιν ὥσιν οὐκ ὀξὺ ἀκούει, πολλάκις δὲ καὶ τοῖσιν ὀφθαλμοῖσιν οὐχ ὀρᾷ).

The aural quality and the uncertainty as to whether permanent deafness and momentary impairment is involved is best expressed by the expressions βαρυήκοος (literally 'of hard/heavy hearing'; βαρυηκοῖα, βαρυηκοέω), associated above with 'oppression' and sometimes rendered 'hard of hearing'. We might interpret these as belonging rather to the area of confused perception than specifically to lack of auditory capacity. It remains impossible, however, to draw a firm distinction, and we can only note the ancients' attention to these intermediate states and fine nuances within them. At *Aph.* 3.31 (409.4 Magd. = 4.502.1–2 L.), 'dullness of sight, cataract, hardness of hearing' (ἀμβλυωπίαι, γλαυκώσεις, βαρυηκοῖαι), two nuanced

terms are used in an account of issues related to aging; at *Aph.* 3.17 (404.10 Magd. = 4.494.5 L.), the symptoms are associated with the appearance of spots of light before the eyes, a synaesthetic move common in these contexts: '[northerly constitutions] cause heaviness of the head, oppression/dullness of hearing and sparks before the eyes/vertigo' (καρηβαρίας καὶ βαρυηκοΐας καὶ ἱλιγγούς ἐμποιέουσιν). In a similar way, at *Hum.* 14 (172.16 Overwien = 5.496.1–2 L.) the south wind can be 'bearer of deafness, dimness of vision, heaviness of the head and physical relaxation (or 'disjointedness') and numbness' in patients, with a clear association of the subjective perception with an alteration in motor function (νότος βαρυήκοος, ἀχλυνώδης, καρηβαρικός, διαλυτικός, νωθρός); the attention is on the process of dulling itself rather than on the individual sensory sphere.

4.5.2.3 Aural Disturbances

This final aspect concerns phenomena perceived as auditory that are not necessarily an impediment to the appraisal of real sounds but hallucinatory perceptions (buzzing, tinkling and similar imprecise noises, so-called tinnitus) which, as already seen, can accompany deafness. An interesting example is *Epid.* 6.8.7 (170.6 Manetti–Roselli = 5.346.2 L.), where ἀκοή features among the items the physician should observe: 'auditory perceptions, some good, some painful' (ἀκοαὶ κρέσσονες, αἱ δὲ λυποῦσαι); ἀκοή is here a general term for what is heard, but can also be taken as response – sensibility, the personal reaction to what one hears – or as tinnitus or even hallucinations proper. Such meaningful and potentially pathological sensitivity to what is heard also appears at *Prorrh.* 1.16 (76.14–77.1 Polack = 5.514.9 L.), where some patients 'drink little, are afflicted by noise, get tremors' (βραχυπτόται, ψόφου καταπτόμενοι τρομώδεις γίνονται). Likewise at *Morb.* 2.15 (149.7–8 Jouanna = 7.28.5–6 L.), in the description of double vision, the patient 'is vexed by hearing noises' (τῷ ψόφῳ ἄχθεται). The sensibility to ψόφος can here indicate both the perception of buzzing and a form of heightened reaction to sounds or words. In this final sense, an awareness of the effects sounds can have on a person's mental and emotional state is spelt out clearly at *Vict.* 2.61 (184.7–15 Joly-Byl = 6.574.18–576.6 L.), which states that 'exercises of the voice can affect the mind'. A precise negative example of the psychological effect is apparent in Nicanor at *Epid.* 7. 86 (101.11–12 Jouanna = 5.444.14 L.; cf. *Epid.* 5.81), who is taken by panic when he hears flute music.⁹²

⁹² The later (possibly Imperial period) *Decent.* 15 (29.10–12 Heiberg = 9.240.20–1 L.) more explicitly recognises the ill individual's heightened sensibility to sensory stimuli: '[consider] also data about

ἦχος, 'echo, noise', is also used for these disturbing sounds. At *Acut.* 42.1 (54.5–6 Joly = 2.312.7–314.1 L.), 'the patient ... becomes depressed, peevish and delirious; flashes of light come to the eyes; the ears are full of noise' (μαρμαρυγῶδεα σφέων τὰ ὄμματα καὶ αἱ ἄκοαί ἦχου μεσταί); *Acut.* (*spur.*) 55 (93.6–8 Joly = 2.506.7–9 L.) groups together patients affected by 'numbness, dullness of vision, ringing in the ears' (τοὺς ἀπενεναρκωμένους καὶ ἀμαυρὰ βλέποντας καὶ οἷς ἦχοι τῶν ὠτων ἐμπίπτουσιν), again with a synaesthetic move; at *Prorrh.* 1.143 (95.17–96.2 Polack = 5.562.8–10 L.), the typical 'agitation of the head' of the portrayal of mental disturbance is coupled with perceptions of buzzing and ringing in the ears (τὰ ἠχώδεα) as provoking haemorrhage or bringing on menstruation.⁹³ A similar experience is signalled by βόμβος (onomatopoeic for a buzzing/booming noise), which appears only once and seems more severe, at *Coac.* 189–90 (148.18–20 Potter = 5.624.18–626.2 L.) in an account of troubled ears: 'to have buzzing and ringing in the ears is a fatal sign. Ringing together with dullness of vision and heaviness in the nose presages delirium and haemorrhage' (βόμβος δὲ καὶ ἦχος ἐν ὧσί, θανάσιμον. ἦχοι μετὰ ἀμβλυωσμοῦ, καὶ κατὰ ῥίνας βάρους, παρακρουστικόν, καὶ αἱμορροεῖ).

The only likely reference to auditory hallucination in these texts is the already mentioned episode at *Virg.* 3 (24.5–6 Lami = 8.468.14–15 L.) regarding the insanity of young girls; here hallucinations prompt the maidens to irrational acts, an action described by the verb 'they order' (κελεύουσιν) that seems to suggest verbal utterance, i.e. actual voices urging the sufferers to behave in certain ways, a pathology well known to current psychiatry, which ascribes it to psychotic and schizophrenic illnesses.⁹⁴

noises and smells, especially that of wine, for this is especially bad, to be avoided and replaced' (τὰ τε ἀπὸ ψόφων καὶ ὀσμῶν, μάλιστα δ' ἀπὸ οἴνου· χειροτέρα γὰρ αὕτη· φυγεῖν δεῖ καὶ μετατιθέναι). This is not simply a matter of cleanliness but a factor that affects different patients differently. (Some, we read, are placed in breezy spots, others in covered, enclosed spaces.) Compare the reactions and sensibility to the light in *Coac.* 191 (148.21–3 Potter = 5.626.2–3 L.): coming haemorrhage is signalled by deafness and an inability to stand the light (πρὸς αὐγὰς ἐνοχλεῖσθαι).

⁹³ See also *Prorrh.* 1.37 (79.6–10 Polack = 5.518.14–520.3 L.), 1.18 (77.4–6 Polack = 5.514.12–14 L.); *Prorrh.* 2.27 (276.3–6 Potter = 9.60.1–3 L.); *Coac.* 157 (140.17–20 Potter = 5.618.4–7 L.), 190 (148.19–20 Potter = 5.624.19–626.2 L.), 136 (134.3–12 Potter = 5.610.13–612.2 L.), 163 (142.9–11 Potter = 5.618.17–620.1 L.), 302 (176.9–13 Potter = 5.650.12–14 L.), 128 (132.9–11 Potter = 5.610.1–3 L.), τὰ ἠχώδεα; *Prorrh.* 1.143 (95.17–96.2 Polack = 5.562.8–10 L.).

⁹⁴ It is disappointing to find only this single reference to such voices in our texts. Hearing voices, like visual hallucinations, is increasingly recognised even by official Western medicine as a phenomenon relatively widely dispersed among the population (with variations having to do *inter alia* with gender, emotional states, biographical situation and socio-cultural positioning). For the suggestion that these should not necessarily be interpreted as pathological experiences, even if they might be triggered by stress, see Sacks (2012) 53–73, 180–98, discussing patients whose life is shared with such 'voices'. Blackman (2001) offers an alternative view on voices as not only non-pathological but potentially enriching experiences under specific circumstances. In a similar way,

By comparison with the realm of vision, which can be taken as relying on greater objectivity, in the auditory sphere – and in particular in the case of the experiences of changes in hearing analysed in this section rather than the more straightforward ‘not hearing’ (οὐκ ἀκούειν) – it is more difficult to separate delusions (misinterpreted or confused perceptions) from hallucinations (perceptions in the absence of stimuli). The symptom appears to be more plastic and, most important, far more open and indefinite as to which sensory sphere is affected, so that it can be understood in most cases only in a synaesthetic frame as an affection of the sensory-motor capacities of the individual.

4.5.3 *Smell*

The idea that smell⁹⁵ could exert an active influence on human health and offer an analogy for mental processes is first discussed systematically by Aristotle, *De Sens.* 5, 442b29–445b2,⁹⁶ where we learn that a traditional belief endorsed by the Pythagoreans (445a17–32) held that certain smells could be nutritious. Aristotle disagrees with this idea, since smell, he says, goes to the brain and not to the organs of nutrition. He does believe that smell can have an impact on health as a whole, however, and specifically on the state of the brain, as explained at *De Sens.* 5, 444a8–17: there are smells that derive from savours and that stimulate appetite, although they are often unwholesome, and there are others that are pleasurable *per se* without evoking a nutritious food, such as the smell of flowers.⁹⁷ Such scents, explains Aristotle, are only perceived by human beings: ‘the reason why ... is found in the characteristic state of the human brain (διὰ τὴν ἔξιν τὴν περὶ τὸν ἐγκέφαλον). For the brain is naturally cold ... therefore it is that odours of such a species have been generated for human beings to safeguard health. This is their sole function, and that they perform it is evident (τοῖς ἀνθρώποις πρὸς βοήθειαν ὑγείας γέγονε τὸ τοιοῦτον εἶδος τῆς ὁσμῆς· οὐδὲν γὰρ ἄλλο ἔργον ἐστὶν αὐτῆς [ἢ τοῦτο]). For food, whether dry or moist, although sweet to taste, is often

visual hallucinations of recently dead loved ones may be relatively common; see Sacks (2012) 231–6 on ‘hallucinations of grief’, and 237–40 on ‘post-traumatic hallucinations’ re-enacting the traumatic episode; Kleinman (1991) 175–9 for a survey of anthropological variations.

⁹⁵ On smell as a neglected sense in historical disciplines, see Classen (1993) 15–36; Bradley’s introduction to a volume on ancient smell, (2014b) 1–3; and Totelin (2014) in the same volume for a survey of smell in ancient medicine, 18–26 for early medical sources. For an introduction to current medical views about hallucinatory smells, see Sacks (2013) 45–52, 102.

⁹⁶ Trans. by Beare, with modifications. Theophrastus also discussed the experience of smell in his *De Odoribus*; on this and other texts on ancient odours and perfumes see also Squillace (2010).

⁹⁷ See also, endorsing this observation, Theophr. *De Odoribus* 5 (22 Eigler-Wöhrle).

unwholesome; whereas the odour arising from what is fragrant, that odour which is pleasant in its own right, is, so to speak, always beneficial to persons in any state of bodily health whatsoever.' For Aristotle, therefore, odours have an effect on the general health of human beings that goes beyond e.g. a functional warning against poisonous or rotten food, and has to do with the brain's reception of odours.

In our writings, smell is comparatively neglected among the senses. Nor do we find any parallel to Aristotle's claims or frequent comments about the experience of patients. As a consequence, this sense has been the least considered by scholarship on the senses, although it is, along with hearing, the most immediate and environmental of sensory experiences.⁹⁸

In our texts, the importance of smell is openly acknowledged as an instrument available to the physician to evaluate the state of health of a patient through the qualities of his or her breath or other bodily fluids and evacuations, while the patient's own subjective sense of smell, which interests us here and to which the Aristotelian passage is referring, is seldom mentioned. One interesting reference comes at *Epid.* 6.8.7 (168.3–170.1 Manetti–Roselli = 5.344.19–346.1 L.), where 'smells that bring pleasure, pain or satiety' are singled out as an important item to observe in patients (ὀδομαὶ τέρπουσαι, λυποῦσαι, πιμπλῶσαι † πειθόμεναι †).⁹⁹ Manetti and Roselli interpret this passage in the sense of a therapeutic power being attributed to odours. We should also note that the physician reflects here on the patient's response to odours as being itself an indicator of health.¹⁰⁰

The sense of smell and its alteration as an area of disturbance or hypersensitivity is discussed in two cases only. One pathology is explicitly mental, the 'thick disease' with swelling of various body parts at *Int.Aff.* 50 (240.22–4 Potter = 7.292.8 L.). This type of patient, 'when it rains, cannot stand to smell the earth and dust; if he happens to be standing in the rain and he smells the earth, he immediately collapses' (τῆς κονίας οὐκ ἀνέχεται ὀδμῶμενος· ἦν δὲ ἐστηκὼς τύχη ἐν τῷ ὑμένει καὶ ὀδμησεται τῆς γῆς, ἐξαπίνης πίπτει). This passage is remarkable for its reference to

⁹⁸ The importance of smells and a readiness to comment on odours in ancient literary sources definitely appear to be genre-specific. Comedy, obviously (on which see Telò, 2013), but also erotic poetry make considerable use of olfactory suggestions; see also Bradley (2014b) 1–16.

⁹⁹ Cf. Galen's commentary *ad loc.* (*Comm. Hipp. Epid.* VI, 443.13–28 Wenkebach and Pfaff) for some interpretations of the therapeutics of odours and their nutritional properties – entirely eschewing the subjective component.

¹⁰⁰ Manetti–Roselli (169, *ad loc.*) quote *Hum.* 5 (162.24 Overwien = 5.484.3 L.) for a similar statement, where mention of food, drink and sensory experiences appears in proximity in a list of 'things to keep under check'. See also Roselli (2012) on the later reception of the *Epidemics* passage as far as odours and therapy are concerned.

the subjective aspect of smell, ὀδμώμενος, ὀδμησεται as part of pathology, while the final detail, the collapse, has an obvious association with epileptic attacks.¹⁰¹

In particular, with reference to the triggering effect of smells, Vaughan mentions that in the ancient world ‘it was believed that the odour of burning jet stone would cause an epileptic to fall to the ground’; she mentions *Orphei Lithica* 474–9 (107 Halleux-Schamp),¹⁰² quoted here in full:

reptiles equally flee from the emanations of the jet stone,
which causes distress in all mortals with its acidic vapours.
Of an ash-like colour, with a smooth surface, small in appearance,
similar to dry pine-wood, it generates a divine/bright flame
but with dangerous effects to the nostrils/smell; no human
affected by the sacred disease can hide the condition, if you wish to test him.¹⁰³

Φεύγει καὶ κνίσσῃσι γαγάτην ὀρνυμένησι,
τείροντα θνητοὺς ἔχεπευκέϊ πάντας αὐτμῇ.
χροιὴν δ’ αἰσθαλόεις, πλατύς, οὐ μέγας ἔπλετ’ ἰδέσθαι,
καρφαλέη δ’ ἴκελον πεύκη φλόγα δῖαν ὀρίνει.
ἄλλ’ ὁλοὸν ποτὶ ῥίνας ἄγει μένος· οὐδὲ τι φῶτες
λήσονθ’ ὧν κ’ ἐθέλοις ἱερὴν ἀπὸ νοῦσον ἐλέγξει.

This and the other late sources reflecting popular belief suggest that ideas about smell and pathology must have been widespread and perhaps common in classical times as well.¹⁰⁴

¹⁰¹ Sense of smell and epilepsy are traditionally associated; see Vaughan (1919) 49. The later *An. Par.* 3 (18.8–21.4 Garofalo) describes epilepsy with characteristics similar to those of our ‘thick disease’ patients, including a swollen face (δψιν διοωδηκυῖαν, 20.16 Garofalo), further supporting the epileptic interpretation of the disease in *Int.Aff.* 50. See Temkin (1945) 332, 345 reflecting on medical discussions of smell and aura before a seizure and on ‘sensory epilepsy’; Sacks (2013) 143–4 on auditory and olfactory hallucinations in epileptic cases.

¹⁰² Vaughan (1919) 50–1; this is a (possibly) fourth-century CE text, but collecting and organising material from a far more ancient tradition.

¹⁰³ Likewise, Damigeron-Evax 20.5 (259 Halleux-Schamp, manuscripts CPT), *si quis autem mancipia mercatur et uult scire ut non sit ex eis caducus aut lunaticus succende lapidem et si aliquid tale uitium habuerit, in ipso vitio cadet*. The idea must have been widespread; see also *Orphei Lithica Kerygmata* 19 (159.12–160.3 Halleux-Schamp; uncertain date of composition, between the second and the fourteenth century) to the same effect. The stone was also taken to have the capacity to drive away reptiles, and fumigation with smoke produced from it was thought to have gynaecological properties. Galen knows about this: cf. *Simpl. Med. Temp. Fac.* 11.10 (XII.203.1–6 K.), ‘There is also another stone, black in colour, which if you place it near the fire, produces a smell similar to pitch; Dioscorides and some others say that it is found in Lycia, by the river Gagete, from which in fact we also derive the name of the stone’ (ἐστὶ δὲ καὶ ἄλλος λίθος μέλας τὴν χροάν, ὅταν ὁμιλήσῃ πυρὶ, παραπλησίαν ὁσμὴν ἀσφάλτου ποιῶν, ὃν ὁ Διοσκορίδης καὶ ἄλλοι τινὲς ἐν Λυκίᾳ φασὶν εὐρίσκεισθαι, κατὰ τὸν ποταμὸν ὄνομα Γαγάτην, ὅθεν περ καὶ αὐτῷ τῷ λίθῳ τὴν προσηγορίαν εἶναι φασί).

¹⁰⁴ The pseudo-Aristotelian *Mirabilia*, which preserves much anecdotal information on ideas about insanity, also mentions the maddening power of certain stones. One found on Mount Berecynthion,

The second example of hypersensitivity to smell or changes in olfactory experiences is found at *Int.Aff.* 43 (216.14–17 Potter = 7.274.5–6 L.), where a patient with *typhus* is said to have visual hallucinations of crawling presences ('he hunts the flies from his cloak', τὰς μυίας ἀπὸ τοῦ ἱματίου θηρεύει) and an unnaturally strong appetite (καὶ βόρος τῶν σιτίων μᾶλλον ἐστὶν ἢ ὑγιαίνων), and to 'take pleasure of the smell of an extinguished lamp' (λύχνου ἀπεσβεσμένου τῇ ὁσμῇ ἡδεταί).¹⁰⁵ A sensitivity that is negative, on the other hand, might be the case at *Prorrh.* 1.18 (77.4–6 Polack = 5.514.12–14 L.), where in ardent fevers 'ringing in the ears with dimmed vision, and heaviness reaching into the nostrils, signals melancholy' (ἤχων προσγενομένων μετὰ δ' ἀμβλυωμοῦ καὶ κατὰ τὰς ῥίνας βάρους προελθόντος ἐξίστανται μελαγχολικῶς),¹⁰⁶ with a neutral translation of κατὰ ῥίνας βάρους. Galen comments on this passage as it appears in *Prorrh.* 1 and interprets the 'heaviness in the nostrils' as an explicit reference to a perceived foul smell, caused by the affection that burning fevers bring to the brain.¹⁰⁷ We should therefore insert the olfactory element as well into the synaesthetic portrayal offered in the passage: 'ringing in the ears with dimmed vision, and heavy smell in the nostrils'.

The opposite case, finally, a lack of olfactory perception, features in the gynaecological portrayal of ill patients at *Mul.* 2.133 (8.282.15–21 L.). Mental derangements (παράφοροι ... τῇ γνώμῃ) come with several sensory dysfunctions: 'they cannot see well ... they are faint/disjointed in their body ... and they cannot smell anything, and in the ears there is no damage/pain, but at times a concretion' (βλέπουσιν οὐκ ὀξέα ...

for instance, drives the initiates to Hecate mad; one found on Timolos can drive virgins who look at it mad (*Mirab.* 173–4, 847a5–10: ἐν ὄρει Βερεκυνθίῳ γεννᾶσθαι λίθον καλούμενον μάχαιραν, ὃν ἐὰν εὕρῃ τις τῶν μυστηρίων τῆς Ἑκάτης ἐπιτελουμένων ἐμμανὴς γίνεται, ὡς Εὐδοξὸς φησιν. ἐν ὄρει δὲ Τμῳλίῳ γεννᾶσθαι λίθον παρόμοιον κισσῇ, ὃς τετράκις τῆς ἡμέρας ἀλλάσσει τὴν χροάν· βλέπεσθαι δὲ ὑπὸ παρθένων τῶν μὴ τῷ χρόνῳ φρονήσεως μετεχουσῶν).

¹⁰⁵ Compare the *typhus* patient at p. 244 above, whose eating behaviours and sensory experiences are also commented on. Typhic patients seem to display a full-on sensory hypersensitivity: tactile, olfactory and (perhaps) gustative.

¹⁰⁶ *Coac.* 190 (149.20 Potter = 5.626.2 L.) replaces *melancholia* with 'insanity (παρακρουστικόν) and haemorrhage', confirming the mental relevance.

¹⁰⁷ *Comm. Hipp. Prorrh.* 1, 1.18 (35.4–10 Diels = XVI.554.1–9 K.), 'the burning fever occurs through various causes, including inflammation of the brain (διὰ τὸν ἐγκέφαλον φλεγμαίνοντα). To this follows also a continuous state of delirium (ἡ διηνεκὴς παραφροσύνη) ...; due to the surplus of moisture, the flatulent *pneuma* (πνεῦμα φυσῶδες) is generated in the head. As a consequence, buzzing in the ears (ἤχοι) follows. In the same way also a confused sense of smell (ἀμβλυωσμός, Galen's text for the Hippocratic ἀμβλυωγμός, 'dimmed vision') as a thick fluid or *pneuma* falls on the eyes. And also descending down the nostrils, this abundant fluid causes a perception of heaviness (αἴσθησιν ποιεῖ <βάρους> in them.'

αὗται πᾶν τὸ σῶμα λελεπτυσμέναι εἰσὶ ... καὶ οὐκ ὀδμῶνται οὐδέν, καὶ ἐν τοῖσιν οὔασι πόνος μὲν οὐκ ἐγγίνεται, πῶρος δὲ ἐνίοτε). These mentally suffering women are somehow sensorily ‘locked up’: they cannot see or smell, and their hearing appears to be blocked – not by internal damage, however, but by a concrete obstacle, some residue of a secretion.

4.5.4 Taste

The sense of taste plays a role in the account of eating behaviours, as already seen. But as in the case of the olfactory sense, references to changes in taste are fewer in our texts than for sight and hearing. Gustatory phenomena and abilities are mentioned at *Epid.* 6.8.7 (170.6–7 Manetti–Roselli = 5.346.2–3 L.) and included among the items to be observed: ‘and about/of the tongue, what is attracted by what’ (καὶ γλῶσσης, ἐξ οἷων οἷα προκαλεῖται) is relevant information in order to understand the patient’s health. When we turn to patients, on the other hand, the limited number of phenomena noted are displeasing or odd tastes as a sign of pathology. We have already encountered the adjective πικρός, ‘bitter/displeasing’, in discussions of nutritional disturbances, where the distorted sense of taste of certain patients is described. At *Vet. Med.* 10.4 (131.2 Jouanna = 1.592.16–17 L.), ‘bitter mouth’ (στόμα πικρόν) is mentioned in the context of eating-related mental disturbances; at *Mul.* 2.133 (8.282.13–14 L.), the ill women ‘develop bitter mouths, and what they eat seems bitter to them’ (τὰ στόματα ἐκπικραίνονται, καὶ ὃ τι ἂν φάγωσι πάντα δοκεῖσι πικρὰ εἶναι), within a picture of multifaceted sensory impairment.¹⁰⁸ The bad taste in the mouth, which is explained by reference to digestive problems in current medical and general understanding, tends to be explicitly associated in our texts with issues involving the head.¹⁰⁹ At *Aph.* 4.17 (413.1–2 Magd. = 4.506.11–13 L.), the sign calls for purging the head when it appears with a lack of fever, lack of appetite, heartburn and vertigo (ἀπυρέτω ἐόντι, ἀποσιτή καὶ καρδιωγμός καὶ σκοτόδιος καὶ στόμα ἐκπικρούμενον ἄνω φαρμακείης δεῖσθαι σημαίνει). A similar connection is found in *Int.* 47 (226.15–230.2 Potter = 7.280.18–282.19 L.), where patients with a kind of ‘thick disease’ suffer an illness punctuated by tactile hallucinations and intolerance of being touched; at the beginning, pain establishes itself in the head, and after vomiting ‘the mouth seems to taste bitter’ (πικρόν τὸ

¹⁰⁸ See also *Mul.* 2.177 (8.360.6 L.), again στόμα πικρόν, with various mental signs.

¹⁰⁹ Temkin (1945) 332, 345; Sacks (2012) 49–50, 144, 151 on taste hallucinations.

στόμα δοκεῖ, 226.24 Potter = 7.282.2 L.). Unpleasant taste may of course be a normal consequence of vomiting, but it is a typical sign that appears elsewhere independent of acidic remission. (Vomiting is also mentioned in several other cases, with no consequence of this kind.) We can include it as part of a synaesthetic alteration and of a larger mental picture.

The other negative taste variation found in our texts is the symptom qualified by the verb αἰμωδιάω/έω, usually rendered by the Loeb translators 'have the teeth set on edge'. Jouanna translates 'il a les dents agacées', a taste that can also be associated with vomit,¹¹⁰ while Chantraine offers 'mal de dents, engourdissement des dents' (from μουδιόω, μουδιάζω, 'engourdir'). The symptom, as in the final instance of πικρός mentioned above, might be in part consequential – vomiting produces a bad taste – but elsewhere the feeling appears to be independent of vomiting or the like. At *Prorrh.* 2.27 (276.5–6 Potter = 9.60.2–3 L.), for example, the sign is said to deserve inquiry in the case of women who suffer from chronic fluxes, alongside confused smell and hearing. At *Morb.* 2.16 (150.11–14 Jouanna = 7.28.25–30.2 L.), a patient suffering pain and fever throughout the head urinates, and bloody teeth (τοὺς ὀδόντας αἰμωδιᾶ) and numbness (καὶ νάρκα ἔχει) follow – to be followed in turn by restlessness, frenzy.¹¹¹ Likewise, the patient suffering the black disease at *Morb.* 2.73 (212.16–17 Jouanna = 7.110.18–19 L.) τοὺς ὀδόντας αἰμωδιᾶ.

It is difficult to translate or interpret this term. As opposed to focusing on the consequences of vomiting, it is perhaps better to consider the etymology in αἷμ-, 'blood', relevant, marking a metallic taste (caused by irritation in the throat, or similar to blood) as the significant symptom (perhaps associated with a specific type of vomit).¹¹² In support of this, αἰμωδία is discussed in *Probl.* 1.38 (Mayhew I.36.11 = 863b11; see also 7.9, Mayhew I.238.1 = 887b1, under 'problems arising from sympathy', ἐκ συμπαθείας). Here Mayhew translates the word as an objective sign, 'bleeding gums', with reference to the therapeutic properties of purslane and salt (ἡ ἀνδράχνη

¹¹⁰ The term appears with a seemingly more objective meaning ('rattling') at *Hum.* 9; here the sign is included among those that are ψυχῆς (*Hum.* 9, 168.3–13 Overwien = 5.488.15–490.8 L.), and in particular 'accidents grieving the mind, either through vision or through hearing. How the body behaves: when a mill grinds, the teeth rattle/are set on edge' (τὰ ἀπὸ συγκυρίας λυπήματα γνώμης ἢ διὰ τῶν ὁμμάτων ἢ διὰ τῆς ἀκοῆς καὶ διὰ τῆς γνώμης. οἷα τὰ σώματα μύλης μὲν τριφθείσης πρὸς ἑωυτὴν ὀδόντες ἡμώδησαν).

¹¹¹ Compare *Morb.* 2.55 (193.12–13 Jouanna = 7.84.23–24 L.), again after vomiting: καὶ ἐμεῖ λάπην καὶ οἶον ὄξος καὶ τοὺς ὀδόντας αἰμωδιᾶ; and *Int.Aff.* 6 (90.11 Potter = 7.180.14 L.), with vomiting and followed by νάρκα, τοὺς ὀδόντας αἰμωδιᾶ.

¹¹² A metallic taste in the mouth is a known symptom of various conditions, including intoxication and pregnancy.

καὶ ἄλλες), and it seems to maintain this sense in Galen (*De Sectis* 5, 9.15–16 Helmreich = 75.13 K.). In the latter, however, the topic concerns the ability to draw out acidity (τὸ ὀξύ), supporting a subjective interpretation of the allusion to bleeding (a particular taste aroused by particular substances) in the pseudo-Aristotelian passage as well. In the earlier Hippocratic examples, the presence of a specific taste is placed in evidence and in some cases associated with other kinds of sensory disruption.

Problemata contains more interesting observations regarding taste. At *Probl.* 3.19 (Mayhew I.118.37–3 = 873b37–874a3), a link between the ability to perceive tastes and an individual's disposition in terms of 'desire' is established: 'Why do we perceive salty or bad water (τὰ ἀλυκὰ καὶ τὰ μοχθηρὰ ὕδατα) more distinctly when we are drunk, but less distinctly when we are sober? Is it because offensive things are more obvious to those who do not feel desire, but they escape the notice of those who do feel desire (ὅτι τὰ λυπηρὰ μᾶλλον δῆλα τοῖς μὴ ἐπιθυμοῦσι, τοὺς δ' ἐπιθυμοῦντας διαλανθάνει)?' Drunkenness and ἐπιθυμία, it is suggested here, can have a direct impact on the capacity to appreciate tastes, underlining an association with mental life that has to do with both the state of the brain, dulled by wine, and the inclination towards pleasure that drunkenness represents.

4.5.5 Touch

The passage just quoted proposes an association between a qualitative sensory experience and an individual's disposition. The mental relevance of sensory appraisal and its connection to health is not only recognised in the numerous associations drawn by the Hippocratics explored so far, but is also clearly spelt out in a question posed in the *Problemata* that reads like a perfect description of the working of mirror neurons in higher primate brains, a topic that has excited considerable interest in recent years: 'Why do some things painful to hear make us shudder – for instance, sharpening a saw, cutting a pumice stone or grinding a stone – but the visual signs of their effects (*on others*) produce the same effects on us? For we salivate/ perceive an acrid taste (αἰμωδιῶμεν) when we see people eating something bitter, and some individuals faint when they see people strangled' (διὰ τί τῶν μὲν διὰ τῆς ἀκοῆς λυπηρῶν ἔνια φρίττειν ἡμᾶς ποιεῖ, οἷον πρίων ἀκονώμενος καὶ κίσσηρις τεμνομένη καὶ λίθος ἀλούμενος, τὰ δὲ διὰ τῆς ὄψεως σημεία τῶν παθῶν αὐτὰ ἡμῖν τὰ πάθη ἐμποιεῖ; αἰμωδιῶμέν τε γὰρ τοὺς ὀξύ ὀρῶντες ἐσθίωντας, καὶ τοὺς ἀπαγχομένους ἔνιοι ὀρῶντες ἐκψύχουσιν, *Probl.* 7.5, Mayhew I.232.9 – 14 = 886b9–14). It is not just that

the noise evokes an unpleasant experience, but also that *the sight of others* undergoing such an experience transfers the effect to observers. Interaction with others affects our own sensory experiences.¹¹³

It comes as no surprise that the examples offered in the last passage concern the two senses that arguably yield the strongest perceptions – taste and touch. These are the first safety barriers that protect the body, warning against poisonous or rotten food and signalling damage to its integrity, respectively. These are also the only two senses that can be accompanied by pain.¹¹⁴ The passage above recognises a human ability to sympathise with the state of emergency these sensory experiences represent, through a cognitive rather than a bodily process. In addition, touch is, along with sight, the most social of the senses, insofar as its intentionality advertises interest and interpersonal attitudes; it is also considerably enhanced by intention and plays an important role in social exchanges.¹¹⁵ These two aspects, urgency and social relevance, help explain why this sense receives so much attention and is scrutinised in such detail. The various experiences that go under the label ‘touch’ may also be understood as part of a general ‘felt sense’: touch is the sense to which a sense of ‘awareness of oneself’ is entrusted, the perception of individual physical boundaries.

The functioning of human sensory receptors, responsible for the production and transmission of tactile sensations, is classified in a threefold manner: exteroception, ‘by which one perceives the outside world’; proprioception, ‘the sense of the relative position of neighbouring parts of the body and the degree of effort employed in movement’; and enteroception, ‘by which one perceives pain, hunger, etc., and the movement of internal organs’. This organisation was obviously unknown to the ancient

¹¹³ On a similar point, discussing sympathy, cf. Gal. *Mot.Dub.* 8.16, 223.17–19 Nutton: ‘so if one sees someone urinating or defecating or yawning or stretching, one will be prompted to act similarly, as if one’s limbs had a mind of their own’ (*quasi in membris ipsis visio sit intellectus et inspectio*). Another case is the state of sexual arousal in the body, to which both actual stimulation and mere dreams, seen images (ὄνειράτων, ὄραῖν), can lead, discussed in *Gen.* 1 (146.3–148.10 Giorgianni = 7.470.4–472.4 L.).

¹¹⁴ Aristotle (*De Sens.* 1, 436b14–15) also recognises these as the two senses that ‘necessarily pertain to all animals (ἡ μὲν ἀφ᾽ ἧ καὶ γεῦσις ἀκολουθεῖ πᾶσιν ἐξ ἀνάγκης): touch, for the reason given in *On the Soul*, and taste, because of nutrition. It is by taste that one distinguishes in food the pleasant from the unpleasant, so as to flee the latter and pursue the former; and savour in general is an affection of nutrient matter.’ Cf. also *De An.* 2.3, 415a4–7. The author of *Regimen* speaks of ψαύσις, touch, as the sense that accesses slower and deeper perceptions than sight or hearing can: αἱ γὰρ αἰσθήσεις τῆς ψυχῆς, ὅσαι μὲν δι’ ὀφθαλμοῦ ἢ ἀκοῆς εἰσιν, ὀξέαι, ὅσαι δὲ διὰ ψαύσεως, βραδύτεραι καὶ εὐαίσθητότεραι (*Vit.* 1.35, 152.32–3 Joly-Byl = 6.516.12–14 L.).

¹¹⁵ See Classen (2005a) 1–15 for an introduction to this aspect, which tends to be overlooked in scholarly debates about the senses.

physicians in this formulation, but it is a useful tool for organising an exploration of ‘felt sense’ in our texts:

- 1) ‘touch’ in the most basic, common sense: perception of epidermal stimulation (hot and cold, reactions to being touched, tremors, shudders, etc.); tactile hallucinations. This can also be labelled as ‘exteroception’ (the perception of external stimuli);
- 2) the so-called ‘vestibular system’: balance, equilibrium, sense of oppression and heaviness, faintness;
- 3) so-called ‘proprioception’: awareness of oneself as possessing a body – ‘the sense of the relative position of neighbouring parts of the body and strength of effort employed in movement’¹¹⁶ and ‘interoception’ (the perception of one’s inward parts). These two are most obviously fundamental for the construction of one’s embodied sense of self.

4.5.5.1 Epidermal (Exteroception)

We have already explored the signs of shudders/tremors and flushing/redness/sweating, categorising them as aspects of the ‘seen body’ observed by the physician, since they are predominantly discussed as such in our texts. To these should be added relevant behavioural aspects, such as patients throwing their covers around or wrapping themselves up.¹¹⁷ There are also the corresponding subjective experiences of hot and cold, which largely belong to disease, and to fevers in particular. There is one instance, however, in which exposure to heat and tactile stimuli (and perhaps also fragrance) is associated with a consequence of a mental kind: the case of Anechetus’ son at *Epid.* 7.46 (80.11–16 Jouanna = 5.414.10–14 L.), who ‘in winter, in the bath, was heated by the fire as he was being rubbed with oil’. This episode triggers an illness with mental reactions: spasms follow and he is outside of himself (παράχρημα ἐπιληπτικοῖς σπασμοῖσιν. ἐπεὶ δ’ ἀνῆκαν οἱ σπασμοί, περιέβλεπεν· οὐ παρ’ ἑωυτῷ ἦν), with seizures following. I have stressed the association between smells and epileptic attack as recognised variously in our texts and later medical authors. In this case, the olfactory element can only be inferred, while the intense heat and rubbing are clearly seen as triggering the seizures and the episode of mental disturbance.

Hypersensitivity to any tactile stimulation is also observed. The hypersensitive patient at *Morb.* 2.151 (149.9–10 Jouanna = 7.28.7 L.), whose

¹¹⁶ As summarised by the entry in Mosby’s *Medical, Nursing and Allied Health Dictionary* (2015). See Damasio (2000) 184–5 for a more detailed definition.

¹¹⁷ See Chapter 2, pp. 153–5.

every sense perception is heightened, also reacts in an extraordinary way to touch: 'the skin on his head becomes thin, and he feels pleasure when touched there' (τὸ δέριμα λεπτύνεται τῆς κεφαλῆς, καὶ ἡδεταί ψαυόμενος). Nowhere in this passage is there any reference to cognitive or emotional aspects, but the changes in the sensory responsiveness of this patient self-evidently convey a convincing mental picture. Compare the *phrenitis* at *Morb.* 2.72 (211.16–20 Jouanna = 7.110.1–4 L.): 'and nausea seizes [the patient], and he flees the light and people, and loves the dark, and fear takes hold of him, his diaphragm swells out, *he feels pain if he is touched*, and is afraid, and sees awful things and frightful images, sometimes people who are dead (ἀλγεῖ ψαυόμενος)'. This is a comparable description from a sensory point of view, this time in patients with *phrenitis*; negative feelings predominate and there are pathological emotions (fear), odd behaviours (misanthropy) and hallucinations.

An unwillingness to be touched is also understood in the context of delusional perceptions. At *Int.Aff.* 47 (228.16–17 Potter = 7.282.13–14 L.), the patient 'imagines that something is crawling under his skin, and he does not tolerate his body being touched' (πρὸς δὲ τῷ δέρματι οἱ δοκεῖ τι προσέρπειν. ἡ δὲ νοῦσος τότε μὲν πιέζει, τότε δὲ ἀνίησι). More explicitly, at *Morb.* 2.51 (188.10–12 Jouanna = 7.78.16–18 L.), 'if you ask [the patient], he will say that it seems to him like ants are crawling from the top of his head down his back' (ἦν ἐρωτᾷς αὐτόν, φήσει οἱ ἄνωθεν ἀπὸ τῆς κεφαλῆς κατὰ τὴν ῥάχιν ὁδοιπορεῖν οἶον μύρμηκας). Conversely, lack of perception may be noted. The patient described at *Epid.* 7.5 (53.1–56 Jouanna = 5.372.15–6.13 L.) is a child, Cydis' son, who suffered 'from infancy' from headache, ear pain, shivering and fever. The signs worsen during the illness described, in particular headache and earache, accompanied by delirious talk (fourth and fifth day), loss of recognition of the family (ninth day) and speech problems, accompanied by compulsive movements of the hands. 'Towards the end, he could not perceive when his feet were being touched' (κατὰ τὸν τελευταῖον χρόνον, ποδῶν ἄψιος οὐ πάνυ καταισθανόμενος, 55.5–6 Jouanna = 5.376.12–13 L.).

Book 35 of the *Problemata* deals with several aspects 'concerning touch' (περὶ τὰ ὑπὸ τὴν ἀφήν), including various instances of what we would call 'shivers' and 'shudders'. This section is of interest for the importance that personal factors such as relationships, social ideas, emotional anticipation and cognitive awareness of individual sensory appraisal and reactions play in it. *Probl.* 35.1 (Mayhew II.394.22–5 = 964b22–5) asks, 'Why do we shiver more when someone else touches us than when we touch ourselves (διὰ τί μᾶλλον φρίττομεν ἑτέρου θιγόντος πῶς ἢ αὐτοὶ ἡμῶν)? Is it

because the contact with another is more sensitive than with one's self? For what is naturally connected is imperceptible (ἢ ὅτι αἰσθητικωτέρα ἢ ἀφή τοῦ ἄλλοτρίου ἢ ἡ τοῦ οἰκείου; τὸ γὰρ συμφυὲς ἀναίσθητον)? And what is hidden and sudden is more frightful [to the touch] (καὶ φοβερώτερον τὸ λάθρα καὶ ἑξαπιναιῶς γινόμενον).’ There are also questions about tingling, such as *Probl.* 35.2 (Mayhew II.394.30–3 = 964b30–3): ‘Why are people ticklish in the armpits and on the soles of the feet? ... and are some parts not accustomed to the sense of touch?’ (διὰ τί γαργαλίζονται τὰς μασχάλας καὶ τὰ ἐντὸς τῶν ποδῶν ... καὶ ὧν ἀσυνήθης ἡ ἀφή;). The variation from one individual to the next is also contemplated at *Probl.* 35.3 (Mayhew II.394–6.33–8 = 964b33–8), ‘Why does not everybody shiver, feel pleasure, feel pain in reaction to the same things (ἐπὶ τοῖς αὐτοῖς πάντες)? For this is a kind of chill. For this reason some shiver in reaction to a bitten/ripped cloth, some when a saw is sharpened or drawn [across wood], some when a pumice stone is cut, and some when a millstone is grinding on stone.’ The philosophical authors of *Problemata* extracted key questions about the subjectivity of sensory experiences with a precision and insight missing from our medical sources. Nonetheless, the rich material from the latter – if sometimes wanting in clarity – is not only readable in light of the questions of *Problemata*, but might also be seen as evidence for or even preparatory to them.

4.5.5.2 Vestibular

In several of the passages already discussed in this chapter, general reports of ‘lack of senses’, ‘numbness’ and ‘faintness’ return again and again. These can be considered (to some extent at least) the symptomatic, subjective counterparts of an important visual sign analysed in [Chapter 2](#), an appearance of lack of tone, slackness and disjointedness – or, as at *Mul.* 2.133 (8.282.19 L.), an inability to walk or stand: ‘they cannot stand straight’ (οὐκ αἰρόμεναι).

The vocabulary used for this experience is of the usual complexity. Revelant terms and conceptual clusters fall under the general metaphor of heaviness: βαρύνω, βαρύς (‘be heavy/dull’, 207 occurrences); expressions involving a suffix meaning ‘down, downwards’ (ὑπό, κατά); and words from the καρ- root, (ὑπο)καρόω (‘be oppressed/weighed down’), καρώδης, κάρος and cognates (twenty-two occurrences), καταφορή (‘heaviness’; eight occurrences); κρηβαρή (‘drowsiness’) and κρηβαρικός (thirty-four occurrences). In addition, there are references to the senses being sluggish or dull, some of which have already been analysed: νάρκη, ναρκώδης, (ἀπο)ναρκώω, (ἀπο)ναρκώσις, καταναρκάομαι and compounds

(numbness, diminished sensation; 106 occurrences); to a lack of perception or insensitivity, ἀναισθησία (lack of sensation; one occurrence), μώρωσις, μωρόομαι (dullness of senses, stupidity; two occurrences), ἀχλὺς ('haziness, dizziness'), νοθρός, νοθρεύω, νοθρία, νοθρόδης ('sluggishness'; thirty-six occurrences).

βαρύνω and cognates indicate the weakness of movement and immobility that often comes to qualify severe or terminal illness, while the other terms have a stronger meaning in a mental sense. In the case of *phrenitis* at *Epid.* 3.17, case 4 (236.13–14 Kühlewein = 3.116.17 L.), for example, we find, 'painful heaviness of head and neck' (κεφαλῆς καὶ τραχήλου βάρος μετ' ὀδύνης). The patient at *Epid.* 3.1, case 4 (218.24 Kühlewein = 3.44.12 L.), is 'somewhat oppressed' (ὑποκαρωθείς) in a context of heavy drinking and various mental signs. *Prorrh.* 1.123 (93.2–3 Polack = 5.552.8 L.), 'Do silences with sluggishness lead to spasms?' (ἄρα γε καὶ αἱ μετὰ κάρου ἀφωνίαι, σπασμώδεις), involves delirium that signals melancholic insanity. *Epid.* 3.6 (227.22–4 Kühlewein = 3.82.16–17 L.) discusses a class of phrenitics in which the patient, 'did not show mad delirium, like the others, but passed away overcome by a dull oppression of stupor' (οὐδ' ἐξεμάνη τῶν φρενιτικῶν οὐδείς, ὥσπερ ἐπ' ἄλλοισιν, ἀλλ' ἄλλη τινὶ καταφορῇ νοθρῇ κερηβαρέες ἀπώλλυντο). And at *Epid.* 3.17, case 11 (241.13 Kühlewein = 3.134.9–10 L.), 'comatose state, then severe stupor, then again vigil' (κῶμα δὲ καὶ καταφορὴ καὶ πάλιν ἔγερσις) are alternating states in a context of mental pathology, which suggests that in this case κῶμα is a milder form of stupor than καταφορὴ.

νάρκη can accompany other aural disturbances, as at *Coac.* 587 (254.21–5 Potter = 5.720.10–14 L.): 'in epileptics, thin uncocted urine passed against custom without a feeling of fullness indicates an attack of epilepsy, especially if a pain or spasm attacks the shoulder, neck or back, or numbness comes over the body (νάρκη περιγίνεται τοῦ σώματος), or the person has a troubled dream'. In general, these feelings are accompanied by headache, apoplexy and paralysis, or are found in pre-agonic states. 'Lack of sensation' (ἀναισθησία) appears only at *Coac.* 466 (220.3–4 Potter = 5.688.14–15 L.), where we read that 'torpor and lack of sensibility contrary to one's habit indicate imminent stroke' (νάρκαι καὶ ἀναισθησῖαι γινόμεναι παρὰ τὸ ἔθος, ἀποπληκτικῶν συμβησομένων σημείον). Here as well, therefore, there is a recognition of degrees of seriousness in the sign; there are non-pathological, temporary kinds of numbness, but others might be deadly. At *Coac.* 535 (240.3–6 Potter = 5.706.11–13 L.), 'numbness/faintness' (αἱ ναρκώδεις ἐκλύσεις) after giving birth are negative signs and can be 'leading to insanity' (παρακρουστικάι).

μώρωσις ('dullness of senses, stupidity') appears to have a partial, perhaps less severe, meaning in both instances in which the term appears in this group. At *Prorrh.* 1.32 (78.11–12 Polack = 5.518.5–6 L.), we read that 'μώρωσις with jaundice is bad; these [patients] lose their speech, but keep their sensory capacities' (κακὸν δὲ καὶ ἐπὶ ἱκτέρῳ μώρωσις. τούτους ἀφώνους, αἰσθανομένους δὲ συμβαίνει γίνεσθαι), while at *Virg.* 2 (22.16–17 Lami = 8.466.18–19 L.) the women's *kardiê* can be 'stupefied' (ἐμωρώθη), and this finally determines full derangement (παράνοια).

νωθρός, νωθεύω, νοθρία, νοθρόδης may also indicate a lesser form of sluggishness; the idea is in fact intensified as 'deep torpor' (νωθρῆς καρώσιος) at *Art.* 31 (149.11 Kühlewein = 4.146.7 L.). Compare, for example, *Vet. Med.* 10 (130.10–12 Jouanna = 1.592.8–10 L.), where the consequences of an unseasonable abstinence from food are described: some people 'become heavy and sluggish in body and in mind, a prey to yawning, drowsiness and thirst' (εὐθέως βαρεῖς καὶ νωθοὶ τὸ σῶμα καὶ τὴν γνῶμην χάσμης τε καὶ νυσταγμοῦ καὶ δίψης πλήρεις).

In addition to these, finally, are the more articulate episodes, cases we could describe as 'apparent death'. At *Epid.* 5.42 (21.4–5 Jouanna = 5.232.12 L.), a female patient 'for five times fainted dead away, so as to appear dead' (ἐξέθανε πεντάκις ὡς τεθνάναι δοκεῖν). At *Epid.* 5.2 (3.2–5 Jouanna = 5.204.13–15 L.), the patient 'in his sleep seemed to those around him not to be breathing at all, but to be dead, nor could he perceive anything, neither a word nor physical stimulus, and his body was stretched out and rigid' (ἐν δὲ τῷ ὕπνῳ οὐκ ἐδόκει τοῖσι παρεοῦσιν ἀναπνεῖν οὐδὲν ἀλλὰ τεθνάναι, οὐδ' ἦσθάνετο οὐδενὸς οὔτε λόγου οὔτε ἔργου. ἐτάθη δὲ τὸ σῶμα καὶ ἐπάγη). These are events of a physiological nature, perhaps involving metabolic slowdown, as we would put it. In the case of general motor-sensory slowness and diminished consciousness, however, the line is more difficult to draw.

Such is also the case with the vocabulary of fainting and loss of consciousness (in which degrees are recognisable, although unstable ones, as generally): compounds of ψυχή (ὀλιγοψυχία, four occurrences; λειποψυχία, λειποψυχώδης, λειποψυχέω, eleven occurrences; ἀποψυχία, thirteen occurrences; ἀψυχία, ἀψυχέω, fifteen occurrences) and λειποθυμία (twenty-five occurrences). (ἀθυμία and δυσθυμία appear to belong to the realm of emotions and moods, but cannot be entirely distinguished from this 'vestibular' terminology.) With these terms as well we are in great interpretative uncertainty, and it is impossible to distinguish nuances among them or a clear preference in a particular text for one or the other, despite their etymologies. ὀλιγοψυχία, 'faintheartedness', for example, is found

at *Mul.* 2.113 (8.242.15–16 L.) in a context of generalised, non-localised pain, weakness and a lack of strength: ‘generalised pain, with helplessness and faintheartedness, and her colour changed’ (τᾶλλα πάντα ἀλγέει, καὶ ἄδυναμία καὶ ὀλιγοψυχίῃ ἔχει, καὶ ὁ χρῶς τρέπεται). *Λειποψυχίῃ* has the same general sense (and, like *ὀλιγοψυχίῃ*, can also mean ‘despair’ and indicate moral despondency, although not in our texts). So too with *ἄψυχῃ* at *Vet. Med.* 10 (130.18–131.1 Jouanna = 1.592.15 L.): ‘soon a dreadful lack of strength, tremors, faintness’ (εὐθύς ἄδυναμίῃ δεινή, τρόμος, ἄψυχῃ), and *Coac.* 222 (156.23–4 Potter = 5.632.17–18 L.), ‘darkness of the eyes with faintness, impending convulsions’ (ὀμμάτων ἀμαύρωσις ἅμα ἄψυχῃ, σπασμῶδες συντόμως). *Λειποθυμίῃ* appears associated with a characteristic visible feature at *Epid.* 5.61 (28.3–4 Jouanna = 5.242.2 L.), where a man who suffers a bad wound and dies from its consequences after five days has ‘the eyes of those who are fainting’ (ὀφθαλμοὶ οἱ τῶν λειποθυμούντων). The term is used a number of times in *De Articulis* and *Vectiarius* in association with wounds and trauma, and indicates a syndrome characterised by lack of strength and physical tone, so to speak, as in the examples at *Mul.* 1.25 (8.66.17–18 L.): ‘and if she lifts a weight with effort, if she receives a blow, if she jumps, if she is deprived of food or if she is faint’ (καὶ ἄχθος βίῃ ἀείρη, ἢ πληγῇ, ἢ πηδήσῃ, ἢ ἀσιτίῃσιν ἢ λειποθυμίῃσιν ἔχεται). This general picture of *ἄδυναμίῃ* is particularly frequent in gynaecological patients. At *Epid.* 7.10 (58.9–10 Jouanna = 5.382.3–4 L.), the uncertain status of the sign, oscillating between what the physician perceives and what the patient experiences, is clearly stated: ‘some kind of lapses of consciousness seemed to come over him’ (τινες λειποψυχίαι ἐδόκειον ἐπιγίνεσθαι), in a patient who had mood alterations and other delirious behaviours. The phenomenon involved seems to have a certain plasticity already in the physicians’ definition of it, meaning that the problem is not simply in our faulty understanding of the ancient texts. In any case, these signs can be explicitly associated with derangement, e.g. at *Acut.* (*spur.*) 23 (79.11–14 Joly = 2.440.9–11 L.), ‘if lack of strength supervened (ἦν ἄψυχῃ ἐγγένηται) when the patient is getting up, this signals oncoming derangement (παρὰφροσύνην ἐσομένην)’, and *Acut.* 42 (54.11 Joly = 2.314.5–6 L.), a portrayal of clear mental disorder, where a paroxysm of insanity is associated with ‘fainting distress’ (λειποψυχῶδέα πονηρά).

In differentiating sleep from experiences of numbness, Aristotle specifies in *De Somn.* 455b4–8 that ‘something like this happens in cases of *λειποψυχία*; for *λειποψυχία* is an inability to perceive, and certain kinds of insanity are also of this kind. Moreover, also those whose neck veins are pressed can become numb’ (καὶ γὰρ ἐν ταῖς λειποψυχίαις τοιοῦτόν

τι συμβαίνει· ἄδυναμία γὰρ αἰσθήσεως ἢ λειποψυχία, γίγνεται δὲ καὶ ἔκνοιαι· τινες τοιαῦται· ἔτι δ' οἱ τὰς ἐν τῷ αὐχένι φλέβας καταλαμβανόμενοι ἀναίσθητοι γίγνονται). The association between loss of consciousness, the general slowdown to which a sense of heaviness and sluggishness belongs, and insanity is taken by Aristotle to be self-evident.

4.5.5.3 *Proprioception and Enteroception*

Touch in the extended meaning of 'felt sense', a sense of self – a person's subjectively perceived existence, as current neurology would describe it – can be also reconstructed from our texts. Although an awareness of a concept of proprioception is not explicit in our texts, feeling intended in this third and more holistic sense is a fundamental biological component of human survival and sense of identity.¹¹⁸ A thematisation of this sensory grasp of 'existence qua existence' and the encompassing of all three realms of bodily experience mentioned above can be traced (if only traced) in a few passages.

A person's perception of his or her own bodily parts or organs, first of all, appears to deserve the physician's attention. On a general level, the possession of this sense is said to be an important mark of mental health at *Aph.* 2.6 (387.1–2 Magd. = 4.470.17–18 L.), where we read that 'those who, suffering from a painful affection of the body, for the most part are unconscious of/do not suffer pain, are mentally disordered' (ὁκόσοι, πονέοντές τι τοῦ σώματος, τὰ πολλὰ τῶν πόνων μὴ αἰσθάνονται, τούτοισιν ἡ γνώμη νοσεῖ). In this formulation, the ability to feel the pain that follows physical damage is a function of γνώμη and a marker of health.

Some passages seem to point more clearly towards a concept of enteroception, the awareness of one's internal organs. Consider the cryptic text at *Vict.* 1.12 (136.10–14 Joly-Byl = 6.488.8–13 L.), where the human ability to know is scrutinised.¹¹⁹ The opposition between invisible and visible as typifying subject and object of the epistemic move, and the ability to make rational extensions (into the future, for example, through prevision) are clarified by the example of the stomach, itself a dull, visible organ that lacks a reasoning ability but is instrumental to our grasp of the stimuli

¹¹⁸ Sorabji's philosophical proposal (2006) is to define the human self as an 'embodied self', a subject that 'owns' its body, actions and experiences as fundamental. See the recent influence of phenomenology (Heidegger, Husserl, Merleau-Ponty) on the development of 'embodied cognition' (Anderson 2003; Matthews 2004; Colombetti 2013, xiii–xviii, 11–14).

¹¹⁹ 'The ability of a person to know is invisible, but it knows what is visible, and from a child he changes into a man: it knows the future by the present' (136.10–12 Joly-Byl = 6.488.8–9 L., γνώμη ἀνθρώπου ἀφανὴς γινώσκουσα τὰ φανερά, ἐκ παιδὸς ἐς ἄνδρα μεθίσταται· τῷ ἔόντι τὸ μέλλον γινώσκει).

of thirst and hunger: ‘The belly is deprived of intelligence, but through it we know that it is thirsty or hungry’ (ἀσύνετον γαστήρ· ταύτη συνίεμεν ὅτι διψῇ ἢ πεινῇ).¹²⁰ This passage recognises a separation between the ‘consciousness’ (σύνεσις) of the whole person and that of the organ; there is a central, coordinating force that is aware of the working, and needs, of its unaware parts. The stomach feels hunger or thirst (διψῇ, πεινῇ) but is unaware of it, ἀσύνετον, whereas the person (the ‘we’ that is the subject of συνίεμεν) possesses such awareness, of which the stomach is only a vehicle (ταύτη). The ability to isolate the stomach as a sensing part, with its own wisdom and limitations, is precisely a form of enteroception.

A more general statement about ‘felt sense’ appears in *Vet. Med.* 9 (128.12–13 Jouanna = 1.588.14–590.1 L.), where the author concludes that the only exact, reliable measure of how much one should eat between the two extremes of depletion and satiety can be a kind of ‘perception of the body’ (τοῦ σώματος ἡ αἴσθησις).¹²¹ Further examples of this ‘sense of one’s own body’ are reported with reference to specific sensations. At *Vet. Med.* 10 (131.2–3 Jouanna = 1.592.17 L.), for example, discussing the stomach, it is said that ‘it seems to [the patient] that his bowels are hanging’ (τὰ σπλάγχνα δοκεῖ οἱ κρέμασθαι),¹²² while at *Epid.* 7.11 (58.23 Jouanna = 5.382.15 L.), where the wife of Hermoptolemus laments that her heart ‘is crippled’ (τὴν καρδίην οἱ γυιοῦσθαι ἔφη), the reference is to a (here pathological) perception of one’s own internal bodily part.¹²³ A similar proprioceptive remark is offered by Polemarchus’ wife, who at *Epid.* 5.63 (28.14–29.1 Jouanna = 5.242.10–11 L.) ‘says that something was collecting around her heart’ (κατὰ τὴν καρδίαν ἔφη τι συλλέγεσθαι αὐτῇ).

Intriguing observations regarding changes to the sphere of proprioception can be found at *Epid.* 6.8.10 (174.1–5 Manetti–Roselli = 5.348.1–5 L.):

concerning the mind: self-consciousness,¹²⁴ *by itself*¹²⁵ [for no reason?], independent from the sensory organs and from one’s actions: one is angry, rejoices or is afraid and regains heart and hopes, and despairs ...¹²⁶ Like the

¹²⁰ On this passage, see Bartoš (2015) 143 and the context at 139–45.

¹²¹ Dean-Jones (1995) 52–3 calls this the ‘innate understanding of one’s body’.

¹²² If one takes (as I do) δοκεῖ as constructed personally here. See Chapter 3 on this passage, pp. 198–9.

¹²³ A conjecture; the self-referential comment on *kardiē*, however, is in the transmitted text.

¹²⁴ Manetti–Roselli *ad loc.* translates ξύννοια ‘stato ansioso’; Smith (1994) 266 instead ‘the mind’s consciousness’. The English phrase ‘self-consciousness’ perhaps brings the two together.

¹²⁵ The expression αὐτῇ καθ’ ἑωυτήν is also found in Pl. *Phaed.* 79d, in the account of the soul’s unhindered access to knowledge when separated from the body. The idea is also important in various passages of *Regimen*, as discussed by Bartoš (2015) 201–4.

¹²⁶ Taking the corrupt ἀδοξέει to mean ‘despair, diffidence’, as in Smith’s translation (Smith 1994, 267 *ad loc.*; see Manetti–Roselli 1982, 174–75 *ad loc.*).

servant of Hippothous, *although her mind was left by itself, she was conscious of the things* that derived from her disease

καὶ τῆς γνώμης· ζύννοια, αὐτὴ καθ' ἑωυτὴν, χωρὶς τῶν ὀργάνων καὶ τῶν πρηγμάτων, ἄχθεται, καὶ ἡδεται, καὶ φοβεῖται, καὶ θαρσεῖ, καὶ ἐλπίζει, καὶ † ἀδοξέει † οἷον ἡ Ἱπποθόου οἰκουρὸς † τῆς γνώμης αὐτῆς καθ' ἑωυτὴν ἐπίστημος ἐοῦσα † τῶν ἐν τῇ νούσῳ ἐπιγενομένων

This is a difficult passage, and the text is corrupt at two points. A particular problem is posed by the clinical example the discussion is supposed to illustrate, which contains a repetition and may be an interpolation.¹²⁷ But even if we hypothesise that only the name of the patient was originally there, the question remains: how would any individual case illustrate the preceding statement? Is the patient paralysed? Is she unconscious during care, but aware afterwards? What seems to be the point, in both the theory and the example, is that the γνώμη is capable of independent activity that has the body as content (as we would put it) even when it is left in isolation from it – i.e. when the patient is momentarily insensate.¹²⁸ Emotions such as fear and hope, but also pain and pleasure, are possible, the writer notes, even when the mind is left to itself. A patient (such as the slave of Hippothous) has an awareness of his or her own body independent of its limbs and organs, since she could recollect and follow the experiences deriving from her illness. In his commentary on the passage, Galen also interprets these words as describing the soul's ability to be startled in a 'sensory' way without external stimulus.¹²⁹ We might compare the case, recognised in current neurology, of the so-called 'phantom limb', when a patient who has suffered paralysis or undergone amputation continues to perceive the part as present and alive.

Proprioceptive ability, on the other hand, is described as a healthy sign in dreams at *Vict.* 4.90 (224.29–31 Joly-Byl = 6.652.23–654.2 L.), where the author specifies that 'these things ... signal health ...: to walk *surely*, to run *surely*, *quickly* and *without fear*' (προσημαίνει δὲ καὶ τάδε πρὸς

¹²⁷ See Manetti–Roselli (1982) 176.

¹²⁸ Hulskamp (2008) 177–9 discusses this passage, proposing a different subdivision with the preceding paragraph and interpreting the discussion of the passage τῆς γνώμης as part of the 'things in sleep' considered in the previous aphorism: 'things in sleep: dreams, circumstances in which and because of which one goes to bed, and the meditation of the intellect on its own'.

¹²⁹ Gal. *Comm.Hipp.Epid.* VI, 460.8–21 Wenkebach and Pfaff: 'with these words Hippocrates tells us that at times it happens that the soul should be set on the path of the organs of perception even without any stimulus from the outside, that it should find itself in the condition of happiness, worry, fear or in another such mood of the soul (*Seelestimungen*) all by itself. The moods of the soul consist in the sensations of pleasure or its opposite, hope or hopelessness' (my translation from Pfaff's German translation of the Arabic).

ὕγ<1>εῖην ... ὁδοιπορεῖν τε ἀσφαλῶς καὶ τρέχειν ἀσφαλῶς καὶ ἄτερ φόβου). This indicator of health has nothing to do with physical performance *per se*, it seems, but with the ability to walk with purpose and in a fixed direction (ὁδοιπορεῖν) in a sound manner, and even to run confidently. The passage acknowledges motor skill in association with the emotional state of the person and his or her ability to keep the body in check (ἀσφαλῶς). In a similar way, an awareness of one's movements and physiological functions as they are carried out is treated as important. At *Prorrh.* 1.29 (78.5 Polack = 5.516.12–13 L.), 'for a person to pass urine without realising it is a fatal sign' (τὰ οὐρούμενα μὴ ὑπομνησάντων ὀλέθρια). The same principle underlies the repeated statement that tears are a very negative sign (especially for sanity) when they run, 'involuntarily/unconsciously' (ἄκον) as opposed to ἐκόν.¹³⁰

On the whole, the medical authors are well aware not only of the possibility and pathological relevance of dullness and torpor, but of attenuated (or completely interrupted) control over the body and awareness of it, highlighted as a lack of strength, inertia, slackness or lack of sensibility. They also discuss this awareness as a medically relevant and variable item, and sometimes frame it in contexts of mental distress or pathological feelings.¹³¹

4.6 Conclusions

The Hippocratic doctors show a high degree of attention to changes in their patients' sensory perceptions, seeing these as indicators of health and pathology and often framing them as a part of mental life. The richness of this symptomatology testifies to the important role played by patients as a source of information. Even if we concede that in many cases the physician might be inferring or generalising about his patients' sensory experiences, there is an irreducible element of subjectivity that the doctor acknowledges to be important for medical scrutiny.

¹³⁰ See [Chapter 2](#), pp. 98–9 for a discussion of voluntariness as far as bodily symptoms are concerned.

¹³¹ Against the evidence just offered, one might question the argument that places a 'birth' of acedia, boredom and other expressions of 'melancholic (in a non-technical sense) self-consciousness' at a later stage in Greco-Roman antiquity, in the early centuries of our era, as argued by Toohey (2004, 2011). The interest the Hippocratic physicians devote to non-perception, non-wakefulness, non-presence in one's body, so to speak, should not be underestimated as an episode confined to the history of science, but should make us nuance such narratives. The Hippocratic doctors were aware of a detachment of the body from the mind as medically relevant precisely through their own interpretation of their patients' states, as well as, arguably, through the descriptions patients offered of their own experiences.

Second, the attention given to the sensory sphere further anchors mental life to bodily activity in our texts. All the phenomena analysed in this chapter concern the interaction of the body with the outside world, the bodily consequences of this interaction and its effects on the health of the mind, as we would deconstruct it. In particular, a huge amount of attention to variations in vision as well as hearing emerges, along with a strikingly broad and detailed repertoire of tactile phenomena (epidermal, vestibular and proprio/enteroceptive). We also find reflections about smell and taste, although clustered around a handful of recurring experiences.

On the whole, this is a disproportionately wide range of observations about sensory activities and experiences, if we compare it to contemporary medical reports or even to Galen's observations of his patients. The physicians in our texts took a huge interest in degrees, nuances and modes of experience. We can appreciate the quantity of these even if their *quality*, as I have noted more than once, remains for the most part inaccessible to us.

These data, and their distance from modern expectations about mental life, allow two observations. First, the results of this analysis are in line with what sensory scholarship has been suggesting: a general poverty of awareness of sensory stimulation in contemporary Western readers and individuals generally. Second, a strong relevance of sensory-motor experiences to mental life emerges in our texts, along with a marked awareness of this relevance. We can appreciate this outlook as scientifically constructive as well as historically remarkable in the light of recent developments in cognitive sciences. 'Enactivism', one of the most lively developments of cognitive embodiment in recent times, places sensory-motor capacities at the centre of cognition as a fundamental feature of human interaction with the environment, and increasingly locates sensory experience at the centre of human mental life.¹³² In our writings, a sound sensory appraisal appears to be of equal importance to 'character' and the emotions. Most of all, it stands out as far more important than the pure, abstract 'reasoning faculties' that computational views of the human mind and intelligence place at the centre. In fact, in the picture of the mind presented here, the senses appear to be deeply interlaced with all three spheres, to which I now turn.

¹³² See O'Regan and Noë (2001); Hurley and Noë (2003); Di Paolo (2005); Ward (2012).

Personality and Personal Psychology

Emotions, Character, Reasoning

Under the label ‘personality and personal psychology’ we now move to discuss those aspects that are the bulk of what modern psychology considers its object: the emotions, ethics, lifestyle and social behaviours of an individual, and the assessment of his or her ‘cognitive functions’ intended, in the restricted sense, as reasoning capacities, speech and logic, memory and will. The label ‘character’ used in the chapter title is not coterminous with all these, but does somehow cut through them and sum up the aspects that were visibly absent from the areas so far analysed. I stated very clearly in the introduction, in fact, that eudaimonistic and ethical aspects are not of primary interest for the Hippocratic authors as they discuss the mind and mental life¹ – they are even purposefully kept at a distance. In the same way, the emotions conceived in an ethical or intrapersonal sense receive limited discussion by comparison with philosophical texts or later medical sources (and, of course, unlike in poetic sources of the period), and are largely treated as a sign of physiological alteration or a cause of disturbance to be accounted for and cured in a physiological frame only.² It is not that no attention at all was paid to these aspects; emotional turmoil, character traits and personal experiences, as well as the nature of the individual’s thought processes, are at times registered with interest in the patient cases, and appear also in theoretical and nosological discussions. What is noticeable is rather the non-ethical and non-psychological outlook, and the constant formulation of the personal data in terms of its embodied correlative, naturalised and value-neutral.

To understand this perspective, we can usefully invoke a notion recognised by current perspectives in embodied cognition, ‘affectivity’: ‘the capacity of possibility to be “done something”, to be “struck” or “influenced” ...;

¹ See Bartoš (2015) 217–22 on the limitations of ‘morality’ in *Regimen* – a valid point for other Hippocratic texts as well.

² On this point, see Gundert (2000) 29.

this influence is not merely physical or mechanical ... but psychological'.³ Such a definition of personal life as an embodied experience of interaction with the world is much more illuminating of our sources than comparison with other ancient discussions of emotions and moods; contemporary poetic, philosophical or historico-political sources in fact engage primarily with the emotions as ethical events and often abstract them from the body of the individual to cast them as independent forces. Later medical approaches – notably that of Galen – elaborate a therapy of the flaws and affections of the soul based on practical philosophy and logical training. Both are very distant from the Hippocratic picture, which frames these subjective experiences entirely as affections of the general individual physiology, with no introspective move or ethical assessment.

The aspects under scrutiny here can be divided into three groups.

First, emotions and moods.⁴ The emotions that will receive the most attention stand out for the way in which they are reduced to physiological phenomena: anger and the bodily changes it brings about; irrational or pathological fear; dysthymic (and more rarely euphoric) emotions also as part of a physiological picture. The more culturally constructed hope and fear as part of the experience of illness, with the threats and sense of shame they may cause (emotions that we can expect to characterise the ill, and which are richly explored in coeval literatures), are played down, seemingly excluded from the range of interest and action of the physician. Love and the erotic emotions in particular, explored by a long tradition in Greek culture in their physiological effects (in terms often converging with the medical, as we shall see), are also entirely absent. This avoidance of specific themes illustrates the attempt in our medical sources to position the work of the physicians separately from other healing options characterised by an appeal to irrational stances or private concerns.⁵

Second, we shall look at behavioural data of various kinds (what the Hippocratic doctors may label 'bad behaviour', for instance, or simply a departure from what typifies the character of each individual – his or her *ἦθος* – or what is generally expected to be 'normal'), as well as varied

³ Colombetti (2013) 2, 1–24 for a survey regarding 'affectivity'.

⁴ The concept of 'mood' is borrowed from current psychiatry, to indicate a longer-term, underlying psychological state as opposed to the explosive, momentary quality of 'emotion': 'a pervasive and sustained emotion that colors the perception of the world. Common examples of mood include depression, elation, anger, and anxiety. In contrast to affect, which refers to more fluctuating changes in emotional "weather", mood refers to a more pervasive and sustained emotional "climate"' (First, Frances and Pincus 2004, 185). See also Colombetti (2013) 1.

⁵ See Thumiger (2016b) for the full argument.

features of 'lifestyle'. These items are heterogeneous, and they strike us for their attention to realistic details while reaffirming the close and sometimes prolonged interaction between the physician and the environment of the patient, including his or her friends, relatives and household as most accurately narrated in the *Epidemics* cases. I will also touch here on a variety of activities that are mentioned in association with variations in mental health: travelling, for instance, or excessive wine drinking; going out or staying at home; lifestyle; marital status, as well as sex life and motherhood; relations with one's family and close friends as opposed to isolation and misanthropy; communication with others and physical interaction as activities in which mental life and mental disorder may express themselves.

Third, we will look at those features of mental life that Western thought has long placed at the top of the scale in its account of the human mind and self: the subject-centred, conscious mental functions of thought, reason, logical speech, judgement, will and memory.

All three categories differ from the majority of the aspects discussed so far, insofar as they are not explicitly or necessarily considered pathological; affections experienced by the individual, alterations in behaviour and relationships and degrees of cognitive abilities belong to the realm of mental life and health, with its variations and kinds, and are not explicitly ascribed to illness in the way sensory disruption or bodily impairment are. They participate, however, in the overall portrayal of patients, and are an important complement to Hippocratic ideas about mental health.

5.1 **Emotions and Ancient Texts**

Recent scholarship (not only in historical studies, but also in the field of psychology, socio-anthropology and philosophy) has devoted much attention to the definition of the emotions, isolating key themes and questions: their opposition to or cooperation with cognitive life *stricto sensu*; whether we should think of them as belonging to a universal human nature or as culturally and historically constructed; the fluid boundaries between different emotions, and their capability to transform into one another; their social, biological and even evolutionary convenience; their relationship to or even identity with embodied experiences. It is generally agreed that any approach to emotional life should acknowledge the bodily-sensory experience that is part and parcel of it, the combination of cognitive processes with instinctive drives (and the interaction, antagonistic or cooperative, between the two); the role played by the situation in which emotions are experienced (e.g. the subject's interlocutors) and by

the reality content of emotions as they elicit specific behaviours.⁶ These themes will not be discussed in depth here, even though we should be aware of the caution they command when one tries to reconstruct emotions through textual evidence only and in a remote culture, whose social norms and models of mind–body interaction – among other things – differ greatly from our own.

5.1.1 *Emotions in the Classical Medical Sources*

The first-person experience of individual patients, of which the emotions are an important part, is not a central aspect of the Hippocratic representations of mental life,⁷ in contrast to the testimony about human suffering offered by other literature of the same period, most notably tragedy.⁸ In tragedy, concern with the emotions aroused by suffering is very strong, not only with reference to madness but in representations of illness and existential struggle generally; suffice to mention the Sophoclean *Philoctetes*, a play entirely constructed around a diseased character, in which central place is given to first-person presentations of the hero's ordeal.⁹ In our texts, the emotions, when they feature, are analysed as physiological facts rather than as experiences lived by the patient as subject, i.e. they are more

⁶ Literature on this topic is vast and cannot be engaged with fully here. It is important to be aware, however, that the separation of emotional from 'cognitive' life is no longer maintained by psychologists: cf. Elster (1999) on the impact of emotions on mental life and their role in generating behaviour. Elster (Chapter 2) notes that some emotions, such as regret, relief, hope, disappointment and shame, are more suitably expressed through a 'fictional' narrative, others, such as anger, fear, disgust, parental love, eros and surprise, through a 'scientific' one. Frijda (2007) analyses the 'laws of emotions' as against their interpretation as 'irrational' and unpredictable, and their relation to cognitive appraisal. Neurology has also had much to say to cover the distance between reason and emotion (e.g. Greenfield 2000; Damasio 2006; de Vignemont and Singer 2006), as does the entire field of affective studies, which posits that 'there is no difference in kind between cognition and emotion' and that 'cognition is, necessarily, always already affective' (Colombetti 2013, xvii).

⁷ Compare and contrast Clark (1993) 91–7 on the emotions as cause or trigger of mental suffering in non-medical texts.

⁸ The primary evidence and secondary literature on emotions in ancient sources is huge and constantly expanding, beginning with Konstan's pioneering work on the emotions of the Greeks, following the guidelines of Aristotelian philosophy, with Chapter 1 occupied by theoretical reflections (Konstan 2006). See Cairns (2003) 11–15 for methodological remarks, and Lloyd (2007) 58–85 for a discussion of idealisation, 'metalanguage' (65) and the question of the universality of the emotions; Colombetti (2013) 25–52 for a concise history of 'scientific' approaches to the emotions; and the collaborative project 'The social and cultural construction of emotions: the Greek paradigm' at Oxford University directed by A. Chaniotis with relevant publications, such as Chaniotis (2011, 2012, 2013), Chaniotis and Ducrey (2013). See Harris (2010) on the problems posed by the emotions to the historian under the labels of 'sympathy' and 'empathy', and the collection of essays in Harbsmeier and Möckel (2009).

⁹ Cf. Soph. *Phil.* 254–316 and the exchange at 730–826, where Philoctetes gives voice to his own agony.

observed than felt. In the spirit of this remark, Wittern noted the lack of concern for conflictual (read: personal, ‘psychodynamic’ in the language of modern psychoanalysis) aetiologies of insanity in our texts (alongside the rejection of religious explanations), and interpreted this as the price the Hippocratics paid for establishing a non-magical, rationalist medical approach to mental health.¹⁰

It is perhaps due to these limitations that the emotions in the medical texts in our period have received marginal scholarly attention, if any at all.¹¹ If the general image sketched above is right, however, the avoidance of personal, psychological topics in our texts is not a shortcoming but part of a programme that privileges an objective perspective on human health and disease, in which the emotions are either framed physiologically (and mostly deprived of personal content) or left out of the picture. This rejection and downplaying of, or distancing from, certain emotions should then be seen as a constructive attitude, a way in which the doctor fashions himself in opposition to other types of healers by eschewing explicit engagement with irrational and personal aspects.

In summary, it is true, as Jouanna saw, that ‘indeed, Hippocratic doctors do not neglect psychological causes’¹² or, as Gundert put it, that ‘the Hippocratic writers share the implicit assumption that there exists a “self” upon which the experience of individual identity rests, and identifies this with the mind’¹³ – provided, however, that we define ‘psychological’ and ‘self’ in a way altogether different from the tragic or Platonic one (to maintain the same example).

In the exploration that follows, I divide the evidence into theoretical reflections about the emotions as category and their interaction with human health, on the one hand, and discussions of a clinical character in

¹⁰ Wittern (1991) 3–4.

¹¹ A recent exception is Kazantzidis (*in press b*), who offers a reading of the emotions in the Hippocratics in terms of current cognitive discussions of ‘enactment’ and ‘extended cognition’. Contrast the recent work available for later medical authors: Horstmannshoff (1999b) on Caelius Aurelianus; Bolton and Porter (2015) on Soranus; Harris (2004) 88–130 on philosophical approaches to restraining rage, as well as Galen on anger; Mattern (2015) for an interpretation of λύπη as anxiety in Galen; King (2013) on Galen and grief.

¹² Jouanna (1987/2012) 64–5. Among previous studies, attention to the topic has been paid by Di Benedetto (1986) 35–43, who discussed fear in the Hippocratic texts (‘Paure e fobie’), giving prominence to these emotions and to ‘depression’ in his discussion of mental disturbances (‘I disturbi psichici’). Numerous discussions of *melancholia* and the melancholic in our sources have discussed the feelings associated with the depressive spectrum – despondency, hopelessness, despair, sadness and the like; see Di Benedetto (1986) 43–50 and Ciani (1983) 21–2 on ‘sindrome depressiva’; Pigeaud (1981) esp. 259–64; Jouanna (2013).

¹³ Gundert (2000) 35.

the context of patient cases or of individual emotions in patient descriptions, on the other. For the purposes of this discussion, finally, I shall postulate a common intelligibility, if not a perfect identity, between the fundamental emotions commonly understood by modern readers and those that emerge from the ancient texts we are exploring: especially anger, fear and hope, sadness and happiness.¹⁴ By virtue of the non-personal traits just described, these are presented in our texts in more simplified, less construed ways than in other literary texts, less shaped by social and interpersonal circumstances, insofar as they are determined by the severity of the pathological crises and their underlying physiology. I shall thus mostly leave aside the anthropology and cultural relativity of emotional experiences to look at their less susceptible core.

The emotions listed differ greatly in status. While fear is part of the clinical description of the ill, often a reaction to the danger brought on by the pathology, anger – easily the most important medicalised emotion in ancient culture – has a physiology of its own and is on the whole a special case. Less prominent but important in the experience of the ill is shame as part of the diseased condition. In the euthymic–dysthymic spectrum, we find euphoria or pathologically joyous moods or attitudes, on the one hand, and sadness, hopelessness and despondency on the other, versions of what modern readers would call a depressive framework. Finally, there are the positive emotional qualifications of recovered sanity: εὐφροσύνη, ἡσυχία and an optimistic drive towards the future that we might compare to our own hope/hopefulness. In general, the emotions considered in the medical evidence are fewer and more heightened than in non-medical literature, a fact that can be explained by the intensified, over-signified mental and emotional experiences determined by the pathological context.

5.1.2 *Conceptualising the Emotions*

Two passages stand out as we search for a conceptualisation of the emotions in our texts. The first is the follow-up to the section on the soul in *Vict.* 1.35 (150.29–156.4 Joly-Byl = 6.512.20–520.19 L.) already mentioned.¹⁵ The author has just described the existence of six different types of ψυχή, each with its own cognitive and sensory qualities. The keywords in this description show that the qualities against which the soul types are assessed

¹⁴ The discussion of the existence of such basic ‘intelligibility’ is a key issue in the study of emotions; see Colombetti (2013) 26–36 for a summary, and p. 338 n. 8 in this chapter.

¹⁵ Chapters 2 and 4.

belong mostly to the cognitive (in the strict sense) and sensory spheres. The only exception is that ‘fears’ are mentioned in the third type of ψυχή, in which individuals ‘weep for no reason, fear what is not dreadful, are pained at what does not affect them, and their sensations are really not at all those that a sensible person might feel’ (κλαίουσί τε οὐδενὸς ἔνεκα δεδίασι τε τὰ μὴ φοβερὰ λυπέονται τε ἐπὶ τοῖσι μὴ προσήκουσιν αἰσθάνονται τε ἢ τι ἢ οὐδέν, ὥς προσήκει τοὺς φρονέοντας, 154.9–11 Joly-Byl = 6.518.4–7 L.). Here, however, the emphasis is on the *misjudged* object of fear (δεδίασι ... τὰ μὴ φοβερὰ), namely on a flaw in evaluation, and on a disruption of the sensory process. In all six types of soul, as we have seen, φρεν- and αἰσθ- terms recur, with adjectives such as ‘sharp’ (ὀξύς) and ‘slow’ (βραδύς), suggesting measurability and performance rather than variation in emotional colouring. In the following section, *Vict.* 1.36 (156.23–7 Joly-Byl = 6.522.22–524.3 L.), certain qualities of the soul are discussed that do *not* depend on the mixtures of fire and water but rather on the nature of the πόροι, the passages through which the soul breathes in and out of the body (*Vict.* 1.36, 156.23–7 Joly-Byl = 6.522.22–524.3 L.):

But in cases of the following sorts the blend is not the cause of the characteristics: for example,¹⁶ irascibility and indolence, cunning and simple-mindedness, quarrelsomeness and benevolence. The nature of the passages through which the soul passes, of the objects it encounters and of the things with which it mixes determines the performance of the soul.

τῶν δὲ τοιούτων οὐκ ἔστιν ἡ σύγκρησις αἰτίη· οἷον ὀξύθυμος, ῥάθυμος, δόλιος, ἀπλοῦς, δυσμενής, εὖνους· τῶν τοιούτων ἀπάντων ἡ φύσις τῶν πόρων, δι’ ὧν ἡ ψυχὴ πορεύεται, αἰτίη ἐστί. δι’ ὁποίων γὰρ ἀγγείων ἀποχωρεῖ καὶ πρὸς ὁποῖά τινα προσπίπτει καὶ ὁποίοισι τισι καταμίσγεται, τοιαῦτα φρονέουσι.

These pairs of opposite qualities or experiences, which are ψυχή-related (just as the data listed in 1.35, but also complementarily to them), are set aside and in fact declared impossible to cure through regime: ‘it is therefore impossible to change the above dispositions through regimen, for invisible nature cannot be moulded into a different form’ (διὰ τοῦτο οὐ δυνατόν τὰ τοιαῦτα ἐκ διαίτης μεθιστάναι· φύσιν γὰρ μεταπλάσαι ἀφανέα οὐχ οἷόν τε, *Vict.* 1.36, 156.27–8 Joly-Byl = 6.524.3–4 L.). The reason for this is that these experiences or traits depend on the quality of the ‘passages’ – on the interaction established between the individual and the outside

¹⁶ Van der Eijk (2013) 314 n. 15 rightly notes that the use of οἷον to introduce the list indicates that it is ‘not exhaustive’. Importantly for us, I should add, it confirms that this is a list of items that are similar in kind.

world, one might say.¹⁷ By comparison with the data about performative ability foregrounded in the six typologies of soul in the previous section, these qualities or experiences seem to have more to do with the emotional sphere, to be *qualia* as opposed to *quanta*. Since they depend on interaction and active life, they are also influenced by individual circumstances rather than by permanent traits or abilities – the different ‘objects’ the soul encounter play a role here. One possible interpretation of this difficult passage is that the author is trying to isolate a number of features (those we would mostly ascribe to the emotional or ethical spheres) as a special case within the mental, and to posit them outside the scope of medical care.¹⁸ If the dichotomy of cognitive and emotional items would surely be an over-simplification of the critical conundrum posed by this description of the ψυχή¹⁹ – we must bear in mind that the author uses the verb φρονέω in this instance too²⁰ – one can at least recognise that the items listed are all external outputs, emotional drives or forms of behaviour, by contrast with the attributes listed at 1.35. The impossibility for the physician to act on these through regime or therapy thus appears consonant with the scarcity of references to this aspect of mental life in our texts generally. The suggestion seems to be that these characteristics, which are emotional or at least personal, defy physiology and are rooted in the deeper nature of an individual – if we can in fact interpret ἀφανέα, ‘invisible’, in this sense.²¹

The second group of relevant passages is found in *De Humoribus*, a text that often appears to agree with *Regimen* in its conceptualisation of ψυχή. Here too there are unusual (for such sources) references to the emotions in contexts other than pathology. In the passage from *Hum.* 9 (168.3–13 Overwien = 5.488.15–490.8 L.) already discussed, under the heading ‘of the soul’ (ψυχῆς) are found ‘aspects of character: diligence of the soul,

¹⁷ Relevant here is also Democritean epistemology (D.-K. 68 A 77), ‘the images penetrate into the bodies through the πόροι and, resurfacing, provoke those images that we experience in dreams’ (ἐγκαταβυσσοῦσθαι τὰ εἰδωλα διὰ τῶν πόρων εἰς τὰ σώματα καὶ ποιεῖν τὰς κατὰ ὕπνον ὄψεις ἐπαναφερόμενα). See Onians (1951) 29 for a discussion of the πόροι and consciousness; Padel (1992) 41–2 and 58–9 for a broader context of the πόροι, ‘passages’, in relation to ancient mental life as broadly characterised by a transit between the world ‘inside’ and ‘outside’ the mind; Lo Presti (2008) 33, with reference to theories of sensation; Jouanna (1984/2012) 203; in a comparative spirit, Craik (2009).

¹⁸ On this group of qualities, see Bartoš (2015) 220–2, who reads them as representative (in ancient dietetics and in *Regimen*) of a ‘demarcation of competences between dietetics on the one hand and those fields of expertise which claim to care for man’s moral and political character on the other’ (222).

¹⁹ See van der Eijk (2011) and (2013) 314–16 with n. 18.

²⁰ *Vict.* 1.36 (Joly-Byl 156.27 = 6.524.2–3 L.).

²¹ A difficult and unparalleled expression (cf. van der Eijk 2011, 267; Bartoš, 2015, 221–2 with n. 293).

whether in inquiry or practice or speech; similarly, for example, griefs, angry outbursts, strong desires' (ἐκ τῶν ἡθέων· φιλοπονίη ψυχῆς ἢ ζητῶν ἢ μελετέων ἢ λέγων ἢ εἰ τι ἄλλο, οἷον λῦπαι, δυσοργησίαι, ἐπιθυμίαι, 168.5–7 Overwien = 5.488.18–19 L.). The list brings together aspects of mental performance combining reason and the senses, and the three items are clearly grouped together as belonging to the emotional sphere. In addition, a bit below, 'fears, shame, pain, pleasure, anger and other such things' (οἱ φόβοι, αἰσχύνη, ἡδονή, λύπη, ὀργή, τᾶλλα τὰ τοιαῦτα) are considered in relation to the body parts they cause to move, 'to each of these the appropriate member of the body responds by its action' (ἐνακούει ἐκάστῳ τὸ προσῆκον τοῦ σώματος τῇ πρῆξει) – for example, the author adds, 'sweats, palpitations of the heart and the like' (ιδρώτες and καρδίης παλμός, τὰ τοιαῦτα, 168.11–13 Overwien = 5.490.5–7 L.). The discussion focuses on the external output of the emotion, its physiology and its context (causes and triggers).

These emotions or features of mental life are also mentioned elsewhere as strongly associated with the body and capable of having an effect on its state in turn. At *Epid.* 2.4.4 (72.4–7 Smith = 5.126.7–8 L.), inducing anger can have the therapeutic effect of 'restoring colour and humours, also for inducing happiness, fear and the like' (ἐπιτιθεύειν ὀξυθυμίην ἐμποιεῖν καὶ χρώματος ἀναλήψιος ἔνεκα καὶ ἐγχυμώσιος, καὶ εὐθυμίας, καὶ φόβους, καὶ τὰ τοιαῦτα); the emotions of anger, happiness, fear 'and the like' are again represented as having a common status and may influence one another, as well as the state of the body.²²

Finally, *Airs, Waters, Places* offers important complementary information regarding the psychological qualities under consideration here. Its perspective, however, is neither clinical nor nosological. Here it is not the emotions as temporary affections but the lasting moral qualities and personality, the characters (ἡθεα) of different inhabitants of the earth, that are to be discussed as they are shaped by environmental factors and seasonal changes.²³ Under varying conditions, we find 'characters more savage than mild' (τὰ ... ἡθεα ἀγριώτερα ἢ ἡμερώτερα, *Aer.* 4, 194.10 Jouanna = 2.20.17–22.1 L.), or characters that are 'milder and better-tempered' (τὰ ἡθεα τῶν ἀνθρώπων ἡπιώτερα καὶ εὐοργητότερα, *Aer.*

²² See Galen *ad loc.* (*Comm. Hipp. Epid.* II 2.4.4, 341.14–18 Wenkebach and Pfaff), associating the passage with a traditional recognition of the link between anger, complexion and bodily heat: 'auch die alten Philosophen hören wir sagen, daß die natürliche Wärme während des Zornes ins Sieden gerate. Ferner hören wir den Dichter Homeros von Agamemnon sagen, dass seine Augen, als er zürnte, dem brennenden Feuer geglichen hatten.'

²³ On this aspect of Hippocratic anthropology, see Thomas (2000) 75–9, 86–98; Isaac (2004) 60–82.

12, 220.4–5 Jouanna = 2.52.18 L.). It is explained that ‘when it comes to lack of drive and courage in a person ... the Asiatics are less bellicose than the Europeans and milder in character’ (περὶ δὲ τῆς ἀθυμίας τῶν ἀνθρώπων καὶ τῆς ἀνανδρείης, ὅτι ἀπολεμώτατοί εἰσι τῶν Εὐρωπαίων οἱ Ἀσιηνοὶ καὶ ἡμερώτεροι τὰ ἥθεα, *Aer.* 16, 227.11–13 Jouanna = 2.62.13–15 L.). At *Aer.* 23 (243.2–244.7 Jouanna = 2.84.8–86.6 L.), the comparison between peoples of Europe and Asia (ἡθέων ὁ αὐτὸς λόγος) in terms of character and behaviour is presented as reflecting physiological variation. Thus Asiatics are characterised as a result of their climate by ‘wildness, unsociability and spiritedness’ (τὸ τε ἄγριον καὶ τὸ ἀμείλικτον καὶ τὸ θυμοειδές), while Europeans are ‘more courageous’ (εὐψυχοτέρους) also because they do not live under monarchies. Under an absolute ruler, in fact, ‘forms of cowardice’ (αἱ ῥαθυμῖαι) tend to present themselves and ‘souls ... are enslaved’ (αἱ ... ψυχαὶ δεδούλωνται). *Aer.* 24 continues with a study of the characteristics of European peoples physiologically and ‘with respect to courage’ (τὰς ἀνδρείας). Inhabitants of certain locations have ‘less courageous and milder intellects’ (ἀνανδρότεροι δὲ καὶ ἡμερώτεροι αἱ γινώμει, *Aer.* 24, 247.3–4 Jouanna = 2.90.3 L.), while others are ‘independent in spirit and persistent in their drives’ (τὰ ἥθεα καὶ τὰς ὀργὰς αὐθάδεάς τε καὶ ἰδιογνώμονας, *Aer.* 24, 248.2–3 Jouanna = 2.90.6–7 L.). Leaving aside the extraordinary cultural and political anthropology put forward here, it is worth noting that the author regards it as natural to attribute ethical and emotional qualities to factors of bodily implication such as geographical location and weather conditions, so that these are included on equal terms in the medical account of various types of humanity.

On the whole, these four texts (*Regimen*, *On Humours*, *Epidemics* 6 and *Airs*, *Waters*, *Places*) are the only places in our sources where the emotional sphere and aspects of character are categorised and thematised. Remarkably, not even in these discussions of the emotions, the most explicit in our texts, is there any label such as πάθη identifying them as a group of affections falling under a common definition. Contrast the clarity of Aristotle at *Rh.* 2.1, 1378a20–3: ‘the emotions, πάθη, are all those feelings that so change men as to affect their judgements, and that are also attended by pain or pleasure; such as anger, pity, fear and all these’ (καὶ ὅσα ἄλλα τοιαῦτα, καὶ τὰ τούτοις ἐναντία) and again at *Magn. Mor.* 1.7.2 (1186a12–14): ‘the passions are anger, fear, hatred, desire, jealousy/envy, pity and things of this kind, which are usually followed by pleasure or pain’ (πάθη μὲν οὖν ἐστὶν ὀργή φόβος μῖσος πόθος ζῆλος ἔλεος τὰ τοιαῦτα, οἷς εἴωθεν παρακολουθεῖν λύπη καὶ ἡδονή). Nor

do our texts offer a clear theorisation of the bodily component of these affections of the sort Aristotle offers explicitly at *De An.* 403a16–19, ‘it seems, then, that all the affections of soul follow the body: anger, gentleness, fear, pity, courage, and again joy, loving and hating; in all these a concurrent affection of the body is present’ (ἔοικε δὲ καὶ τὰ τῆς ψυχῆς πάθη πάντα εἶναι μετὰ σώματος, θυμός, πραότης, φόβος, ἔλεος, θάρσος, ἔτι χαρὰ καὶ τὸ φιλεῖν τε καὶ μισεῖν· ἅμα γὰρ τούτοις πάσχει τι τὸ σῶμα).

The most detailed material is found in the clinical discussions of the patient cases, which I now consider in order to explore individual emotions.

5.1.3 ‘Anger’ and Heightened Passion: ὀργή, ὀξυθυμία and θράσος

Anger occupies an important place in the history of ancient medical and ethico-philosophical reflections, an importance best appreciated from the more explicit discussions offered by later thinkers, among them Aristotle and especially Galen. The latter discusses anger as a particularly vicious character flaw in *Passions and Errors*, *Quod Animi Mores* and *De Indolentia*, and assesses its physiology on a variety of occasions.²⁴ The early medical roots of the interest in this feeling have received less scrutiny, overshadowed by the influence of Galen’s rich and detailed physiological and ethical discussions.²⁵ Anger was not only an emotion the ancients had long recognised, however, but was firmly associated with bodily experience from the start, and it therefore fell naturally under medical scrutiny. Aristotle at *De An.* 403a29–b1 describes anger as *both* an emotion and a physiological process, and seems to imply the existence of discussions by ‘the φυσικοί’ – a term that may include medical writers:

Hence a *natural scientist* would define each of these [affections of the soul] differently from a *dialectician*; the latter would define e.g. anger as an appetite for returning pain for pain, or something like that, while the former would define it as a boiling of blood or a warm substance surrounding the heart.

²⁴ On anger in ancient culture, see Harris (2003, 2004); the essays in Braund and Most (2003); Böhme (2009); Kalimtzis (2012).

²⁵ The exception is von Staden (2011), focusing on Galen but also discussing the Hippocratic background. Harris (2004), esp. 339–400, discusses anger in connection with aspects of health, but focuses on the ethical and philosophical side of the medical approach (‘anger as sickness of the soul’); Hanson (2003), however, confines her study to children. See also Singer (2017) on rage in Galen.

διαφερόντως δ' ἂν ὀρίσαιντο ὁ φυσικός τε καὶ ὁ διαλεκτικός ἕκαστον αὐτῶν, οἷον ὀργή τί ἐστιν· ὁ μὲν γὰρ ὄρεξιν ἀντιλυπῆσεως ἢ τι τοιοῦτον, ὁ δὲ ζέσιν τοῦ περὶ καρδίαν αἵματος καὶ θερμοῦ.

Aristotle's comparison between the definition of the emotion given by a διαλεκτικός and that of a φυσικός reflects the fact that that an 'official' medical interpretation of the emotion was definitely available to him.²⁶ In the *Problemata*, the explanation of anger in terms of heat is well documented: at 2.26, 869a4–5, θυμός is a 'heat increase' (αὔξεις θερμοῦ) and a 'boiling of blood ... around the heart' (ζέσις τοῦ θερμοῦ ... τοῦ περὶ τὴν καρδίαν, Mayhew I.78–80.4–5); at 5.15 (Mayhew I.192.40 = 882a40), the author reflects on the trembling of the lower lip in angry individuals (τοῖς ὀργιζομένοις) due to breath producing warmth around the sinews; at 11.60 (Mayhew I.398.30–2 = 905b30–2), οἱ ὀργιζόμενοι fall prey to heat and to stumbling, hesitation and panting as a consequence (προσπταίνοντες ἐπίσχουσιν ... πλήρεις ἄσθματος); at 31.3 (Mayhew II.316.9–10 = 957b9–10) and 32.8 (Mayhew II.348.9 = 961a9) redness around the eye typifies anger (ὀργιζόμενοι).²⁷

From all these it seems clear that by the late fourth century BCE a physiology of anger was reasonably well established. Let us look more closely at some examples from the earlier medical evidence. In our texts, the terms we recognise for the emotion we call anger²⁸ – terms left undifferentiated in the English translation so far – belong to three groups: ὀργή, θράσος and ὀξυθυμία²⁹ (and related

²⁶ See Konstan (2003) 105–7 for the physiological and emotional account of anger in Aristotle. The alternative definition is offered by the philosopher at *Rh.* 2.2 (1378a31–3), where anger is a 'desire for a perceived revenge on account of a perceived slight on the part of people who are not fit to slight one or one's own', ἔστω δὲ ὀργή ὄρεξις μετὰ λύπης τιμωρίας φαινομένης διὰ φαινομένην ὀλιγωρίαν τῶν εἰς αὐτὸν ἢ τῶν αὐτοῦ ὀλιγωρεῖν μὴ προσηκόντων, a definition in which rational evaluation plays an important part, and which is embedded in a net of social needs and cultural norms.

²⁷ See *Probl.* 8.20, 889a10–25 (Mayhew I.254–6.10–25) for more associations between heat and anger (θυμός, οἱ ὀργιζόμενοι).

²⁸ With all the caution required when transferring an emotional concept from our culture to the ancient one, on which see Cairns (2003) 11–15. It remains legitimate and necessary to recognise 'anger' as an emotion whose basics are shared across our species.

²⁹ θυμός as mental fact appears unequivocally only once in the medical sources (*Virg.* 3.1, 24.4 Lami = 8.468.13 L.). Aristotle discusses θυμός as one of the three 'drives' (ὀρέξεις), along with ἐπιθυμία and βούλησις (e.g. *De An.* 432b5–7, 'for in the rational soul is located βούλησις, in the irrational ἐπιθυμία and θυμός. If the soul is tripartitioned, in each part there is an ὄρεξις', ἐν τε τῷ λογιστικῷ γὰρ ἢ βούλησις γίνεται, καὶ ἐν τῷ ἀλόγῳ ἢ ἐπιθυμία καὶ ὁ θυμός· εἰ δὲ τρία ἢ ψυχῇ, ἐν ἑκάστῳ ἔσται ὄρεξις), while at *Magna Mor.* 2.6.25, 1202b18–21 it is characterised as an impulsive drive to revenge, incipient anger: 'for as soon as a person hears words that offend him, immediately the θυμός/anger rushes forth to accomplish revenge, without waiting to hear whether it ought or ought not to, or whether it ought not to so vehemently' (ὅταν γὰρ ἀκούσῃ τὸ πρῶτον ῥῆμα ὅτι ἡδίκησεν, ὥρμησεν ὁ θυμός πρὸς τὸ τιμωρῆσασθαι, οὐκέτι ἀναμείνας ἀκούσαι πότερον

terms).³⁰ These three terminological groups share a considerable area of overlap, although some instances suggest specifics connected with each. In addition to these lexical markers, certain behavioural aspects of the representation of mentally disturbed patients suggest the presence of angry emotions – aggressiveness, restlessness and throwing oneself around, and most unequivocally shouting.³¹ Most of these were analysed in [Chapter 2](#).

ὀργή (ὀργίζομαι, ὀργάω) has the primary meaning ‘swelling’, which appears frequently to indicate the filling of the praecordia with a fluid substance. The idea of a ‘filling’ process to describe anger is clear in the materialistic, localised way in which anger is represented in earlier, non-medical authors (for example, Homer³²). The emotional range of ὀργή, qualified as intense affection, mostly has to do with anger, but also perhaps with other strong drives, in particular sexual excitement and a generally heightened psychological state.³³ Expressions such as the adjective ‘of good disposition’ (εὐόρητος, *Aer.* 12, 220.5 Jouanna = 2.52.18 L.), and ‘persistent in one’s drives’ (τὰς ὀργὰς αὐθάδεας – as a positive quality, at *Aer.* 24.6, 248.3 Jouanna = 2.90.7 L.), also suggest a wider and more neutral meaning than our ‘anger’.³⁴ It is difficult in most cases to isolate

δεῖ ἢ οὐ δεῖ, ἢ ὅτι γε οὐχ οὕτω σφόδρα). For a discussion of θυμός linked to ‘consciousness’ and breath in Homer and later pre-Hippocratic sources, see Onians (1951) 44–52; Clarke (1999) 75–88.

³⁰ See Harris (2004) 50–70 for a discussion of Latin and Greek terminology.

³¹ These aspects are ‘behavioural’ in the actuality of the observation by the physician. In the text we have, they may also function as symbols, tokens of specific psychological states (compare p. 162 n. 181 with n. 60 on Cairns’s studies on veiling as one such token for emotions) that have an evocative effect in poetry, and equally so (although with arguably different objectives) in medical texts. When the physician notes ‘shouts’, it is probably the emotional states that he is concerned with, not e.g. the phonative phenomenon.

³² For example, with the noun μῆνις/μένος at *Il.* 1.102–3, μένεος δὲ μέγα φρένες ἀμφι μέλαινα | πῖμπλαντ’ (Agamemnon); 9.678–9, ἀλλ’ ἔτι μᾶλλον | πῖμπλάνεται μένεος (Achilles); *Od.* 4.661–2, μένεος δὲ μέγα φρένες ἀμφιμέλαινα | πῖμπλαντ’ (Antinoos). On swelling, heating, filling and other relevant imagery and terminology of this emotion in Homer, see Cairns (2003) 21–7; already Onians (1951) 50–2, 77, 188.

³³ See e.g. Euripides, *Medea* 109: the heroine, overwhelmed by her heightened emotions (grief, jealousy, rage, hatred), is described as ‘having large viscera’ (μεγαλόσπλαγχνος), a strongly technical medical term (for which, see Page 1938, 76 *ad loc.*; Guardasole 2000, 237–8; already Pigeaud 1981/2006, 382, comparing *Acut.* 14, 57.24–5 Joly = 2.332.8 L., associating excess in black bile and ‘swollen innards’). The medical interest of the term is evident to Galen: cf. *PHP* 3.4.23–7 (196.34–5 De Lacy = V.283 K.) explicitly on Euripides’ Medea and her being ‘truly large-organed’ (ὄντως μεγαλόσπλαγχνον); also *Comm. Hipp. Acut.* 3.40 (254.16–17 Helmreich = XV.699 K.), ἐν τοῖς πικροχόλοις τε καὶ μεγαλοσπλάγγχοις.

³⁴ Harris (2003) 122 objects that the word ὀργή seems to be established as ‘anger’ by a vast array of fifth-century instances, and that the neutral connotation (often used for sexual drive) in the overall Greek evidence is secondary to it. In the medical evidence, however, the semantic emphasis is less clear-cut and a physiological, content-less meaning (not only in the sense of sexual excitement, but also of strong drive and arousal) is undeniably present. This is also illustrated by some discussions of anger (θυμός, ἐν τοῖς θυμοῖσι, οἱ ὀργιζόμενοι) in *Problemata*, where the emotion is set against

instances of anger 'proper'³⁵ (directed towards an object or person, and implying a judgement of hostility) from more general indications of strong excitement. Consider the case of the woman on Thasos described in *Epid.* 3.17, case 2 (234.3–235.6 Kühlewein = 3.108.6–112.12 L.). At the end of the report, she is said to display melancholic characteristics as far as the mental sphere is concerned (τὰ περὶ τὴν γνώμην μελαγχολικά). A typical list of nominatives precedes this final verdict: 'aversion to food, despondency, troubled sleep, bouts of anger (?), restlessness' (ἀπόσιτος, ἄθυμος, ἄγρυπνος, ὀργαί, δυσφορία). ὀργαί is easily inserted in a list of traits that qualify the patient *in general* in a concluding summary and with particular association with a disturbance 'in the intellect' (περὶ τὴν γνώμην). We are in no position, however, to interpret this as 'anger', in the sense of the content-directed emotion, rather than as excitement and aggressiveness in line with her general δυσφορία. In *Aph.* 1.22 (384.8–385.1 Magd. = 4.468.13–14 L.), a physiological aspect is evident, as we read that in the presence of this sign one should not adopt measures such as purging ('[purge only] if the patient is not prey to ὀργή; mostly he is not', ἢν μὴ ὀργᾷ· τὰ δὲ πλεῖστα οὐκ ὀργᾷ), which seems to suggest a reference to swelling or engorgement due to a congestion of fluids that should not be purged if the cause is emotional, ὀργή.³⁶ Likewise at *Aph.* 4.1, 4.10 and 5.29 (410.1–3, 411.8–9, 437.4–5 Magd. = 4.502.4–6, 504.8–9, 542.7–9 L.), ὀργάω is seemingly used for a swelling or a form of engorgement that calls for purging (meaning that emotional output is not described).

At *Epid.* 6.7.6 (156.1–158.4 Manetti–Roselli = 5.340.8–12 L.) 'a sign of ὀργή and the like' (σημεῖον τῆς ὀργῆς καὶ τῶν τοιοῦτων) is mentioned in a general list of items that may interest the physician in his assessment of the patient. The passage continues: 'the quality of the voice in those who are in a state of ὀργή (φωνὴ οἷα γίνεται ὀργιζόμενοισιν), whether it is like

fear and cowardice, indicating a sort of 'spiritedness' (in Mayhew's translation): *Probl.* 27.3 (Mayhew II.218–20.24 = 947b24) and 10.60 (Mayhew I.334.5–6 = 898a5–6), 'Is it because spirit involves heat? For fear is a form of cooling' (ἢ ὅτι ὁ θυμὸς μετὰ θερμότητος; ὁ γὰρ φόβος κατάψυξις). Outside the medical realm, one might quote [Aesch.] *PV* 377–8: 'Do you not know this, Prometheus, that words are healers of a diseased drive?' (οὐκ οὖν, Προμηθεῦ, τοῦτο γινώσκεις, ὅτι | ὀργῆς νοσοῦσης εἰσὶν ἰατροὶ λόγοι:). Here, too, ὀργή appears to be a neutral term, modified by νοσέω, ὀργῆς νοσοῦσης. The Titan replies, 'If one manages to sooth the heart at the right time, and does not rush to reduce the swelling rage with violence' (ἐάν τις ἐν καιρῷ γε μαλθάσῃ κέαρ | καὶ μὴ σφριγῶντα θυμὸν ἰσχυρίνῃ βίῃ, *PV* 379–80). At *Hum.* 9 (168.6 Overwien = 5.488.19 L.), we find 'grievances, excess passion', δυσοργησία, with a similar negative modification of ὀργή.

³⁵ I use the term 'anger' for want of alternatives in my translations whenever the emotion appears to predominate, but with the caution just noted. Other translators choose 'passion', 'derangement' or the old-fashioned use of 'orgasm', which are not obviously superior to the more immediate 'anger'.

³⁶ See Jones *ad loc.*: 'the humours are struggling to get out'.

that due to their nature when they are not angry (μὴ ὀργιζομένῳ φύσει), and the eyes, whether they are by nature disturbed like those of people when they are in a state of ὀργή (οἷα ὅταν ὀργίζωνται οἱ μὴ τοιοῦτοι). The distinction between nature and affection, and the reference to the eyes and voice, may point towards a form of emotional and ethical ὀργή more clearly resembling 'anger'.

In the gynaecological texts, ὀργάω is applied specifically to sexual drive or activity in women, or a lack thereof.³⁷ At *Gen.* 4 (47.3–6 Joly = 7.474.20–2 L.), the term may explicitly indicate orgasm or sexual pleasure with reference to female ejaculation: 'if the woman reaches the orgasm (on Joly's translation; alternatively 'if she desires/takes pleasure in having intercourse with her husband', κἦν μὲν ὀργᾷ ἡ γυνὴ μίσγεσθαι), she will ejaculate before the man, and for the rest of the time the woman will not enjoy the same pleasure. But if she does not reach orgasm/take pleasure in intercourse (ἦν δὲ μὴ ὀργᾷ), then her pleasure will end at the same time as her husband's (συντελεῖ τῷ ἀνδρὶ ἡδομένην).' The term is also used more clearly to express sexual desire for one's husband (or lack thereof), as at *Mul.* 1.57 = 8.114.12–13 L., 'she does not want to have sex with her husband due to the wetness, nor does she have a drive towards it (οὐκ ἐθέλει μίσγεσθαι, οὐδ' ὀργᾷ τοῦτο δρᾶν), and she grows thinner'. Wanting (ἐθέλω) and, seemingly, craving (ὀργάω) sex are distinguished with some precision.³⁸ An entirely bodily sign, swelling, is instead in question at *Mul.* 2.171 = 8.352.1 L., where the external genitalia are described: 'the area around the genitals burns, itches and swells' (τὰ ἀμφὶ τὰ αἰδοῖα ἐκπάγλως αἰθεταὶ καὶ δάκνεται καὶ ὀργᾷ).

If the ὀργ- family of terms displays the presence of a bodily and emotional side to the experience of anger or excitement in our texts, ὀξυθυμία and θράσος appear to have a more limited range and tend towards the emotional end of the phenomenon. It should be noted, however, that ὀξυθυμία and related terms appear only in Books 6 and 2 of the *Epidemics*. This is not sufficient to dismiss the term as a mere authorial preference, but some caution is necessary. At *Epid.* 6.5.5 (108.1–2 Manetti–Roselli = 5.316.5–6 L.), we read that 'ὀξυθυμία contracts the heart and the lungs and draws the hot and the moist substances into

³⁷ For discussion of some of these and other medical and non-medical passages where ὀργάω and related terms have a sexual meaning, see Allen (2003) 81–2.

³⁸ See also *Mul.* 1.12 = 8.48.14–15 L., 'and again the woman shall go to her husband, whenever the periods stop being so abundant, but become less and of a good colour, and she feels aroused again (ὅταν ... ὀργᾷ)'.

the head'. (Interestingly, in the following lines we read: 'contentment, on the other hand, releases the heart', ἡ δ' εὐθυμία ἀφίει καρδίην.) Here the term describes the causal antecedent to the swelling ὀργή may represent, and seems to indicate a qualitative state, in line with the etymology, ὀξύς, θυμός ('sour spirit' or the like); the opposite is 'good spirit, happiness' (εὐθυμία). In the case of Agasis' wife, mentioned in *Epid.* 6.4 (84.9–10 Manetti–Roselli = 5.308.5–6 L.), the state of the patient is finally summed up with the expression 'in her activities shouting, anger' (ἐν δὲ τοῖσι ποιευμένοισι (L. πνευμένοισι) βοῆς, ὀξύθυμης); at *Epid.* 2.5.16 (78.8–9 Smith = 5.130.18–19 L.), we learn that 'someone whose blood vessel at the elbow throbs is prey to *mania* and anger' (μανικὸς καὶ ὀξύθυμος; Smith translates 'is wild and passionate'), and ὀξύθυμος (in addition to being associated with the mental μανικός) is again cast as the underlying or antecedent state.³⁹ That ὀξύθυμία should tend towards the emotional end of the experience is more clearly suggested by the passage at *Epid.* 2.4.4 (72.4 Smith = 5.126.7–8 L.) discussed above, in which ὀξύθυμία is said to restore colour and humours. This emotional experience can be studiously induced (as, we read further on, can εὐθυμία and φόβος as well). It thus has content and a cognitive component, which the therapist can manipulate so as to trigger it, and an impact on the physiology of the bodily fluids. ὀξύθυμία is also used in one of the few seemingly physiognomic statements in the medical sources, at *Epid.* 2.6.1 (80.9–10 Smith = 5.132.15–17 L.): 'large head and small eyes, in stammerers, and eyes that do not blink express an inclination to/state of anger' (ἦν ἡ κεφαλὴ μεγάλη καὶ οἱ ὀφθαλμοὶ σμικροί, τραυλοί, ὀξύθυμοι, and ἀσκαρδαμύκται, ὀξύθυμοι). The term thus appears to indicate a permanent or lasting ethical trait, as opposed to a momentary one.

In sum, even if ὀργή and ὀξύθυμία overlap and sometimes appear synonymous, ὀξύθυμία is more closely associated with mental states and behavioural aspects, while ὀργή often foregrounds the physiological. The author of *Regimen* uses the latter at *Vict.* 1.36 (156.24 Joly–Byl = 6.522.23–4 L.) alongside other moral characteristics (ῥάθυμος, δόλιος, ἀπλοῦς, δυσμενής, εὖνους), while at *Int.Aff.* 1 (76.13–14 Potter = 7.170.15 L.) the term is used with βοή to indicate signs that need attention, suggesting a behavioural quality (βοήν καὶ ὀξύθυμην).

³⁹ See also *Epid.* 6.4.19 (96.6–7 Manetti–Roselli = 5.312.7–8 L.), where the relation is instead one of concomitance: 'individuals with a warm stomach are cold in the flesh and thin; these also have their veins under the surface (of their skin) and are more prone to excitement' (οἱ θερμοκοιλιοὶ ψυχρόσαρκοι καὶ λεπτοί· οὗτοι ἐπίφλεβοι καὶ ὀξύθυμότεροι).

θρασύς and related words, finally, tend even more towards the qualitative and ethical: boldness, insolence and audacity – the aspects of hostility and violence shared with the sphere of anger. The physicians often note the presence of this quality in mental disturbance or in the behaviour of a patient; it must have had an important pathological significance, although not necessarily in connection with physiology. At *Epid.* 7 (48.12 Jouanna = 5.364.18 L.), the case of Polycrates, it is noted that ‘his mind grew bolder/more aggressive’ (ἡ διάνοια θρασυτέρη). *Prorrhetic* 1 insists on this trait of patient behaviour or state as an indicator of gravity, especially in cases of insanity. At *Prorrrh.* 1.26 (77.16–78.1 Polack = 5.516.9 L.), ‘derangement that is fierce for a short time is most aggressive’ (αἱ ἐπ’ ὀλίγον θρασέως παρακρούσεις, θηριώδεις); at *Prorrrh.* 1.44 (80.8–9 Polack = 5.522.6 L.), ‘an aggressive reply from a [normally] polite person (ἐκ κοσμίου θρασεῖα ἀπόκρισις κακόν) is a bad sign’;⁴⁰ at *Prorrrh.* 1.85 (85.8 Polack = 5.532.3 L.), ‘if patients are delirious in an angry manner (ἦν ὀλίγα θρασέως παρακρούσωσιν)’, this factor may lead to the evacuation of dark stools; and at *Prorrrh.* 1.123 (92.15–16 Polack = 5.552.5–6 L.), a connection is directly established with pathologies belonging to the melancholic sphere, if the behaviour appears ἐπ’ ὀλίγον: ‘outbursts of violent derangement that last for a short time are melancholic’ (τὰ ἐπ’ ὀλίγον θρασέως παρακρούοντα μελαγχολικά).⁴¹ Again at *Prorrrh.* 1.8 (76.1 Polack = 5.512.5–6 L.), ‘derangement is particularly bad in those who are bold/angered’ (παραφροσύνη κακίσται ... θρασύνοντι).

The quality of being θρασύς can be revealed by the eyes in particular. At *Epid.* 6.1.15 (18.3–4 Manetti–Roselli = 5.276.1 L.), ‘boldness of eye (is a sign of) derangement’ (ὄμματος θράσος, παρακρουστικόν). At *Mul.* 1.41 = 8.100.8–10 L., in a context of manic insanity, ‘these patients have bold distorted eyes’ (ἔστι δ’ ἥσι θράσος ὀμμάτων ἰλλωδέων); at *Prorrrh.* 1.71 (83.6 Polack = 5.528.2 L.), with ὄμμα θρασύ purging should be avoided;⁴² and at *Prorrrh.* 1.88 (Polack 85.14 = L. 5.532.8–9), patients ὄμμα θρασύνοντες in the presence of other signs can develop

⁴⁰ ‘Modest’ (κόσμιος) and ‘bold’ (θρασύς) appear to represent opposite poles, which supports interpreting the second term as ‘violent, over-bold, behaving disorderly’: cf. *Vict.* 1.29 (146.8–9 Joly-Byl = 6.504.3–4 L.), where under certain circumstances of conception female offspring are ‘bolder than those [previously described], but all the same also modest’ (θρασύτερα μὲν τῶν πρόσθεν, ὁμως δὲ κόσμιοι καὶ αὐταί).

⁴¹ See also *Prorrrh.* 1.112 (90.5 Polack = 5.546.2–3 L.), ‘troubled and angry awakenings bring spasms’ (αἱ παραχῶδεις θρασύταται ἐπεγέρσεις σπασμώδεις).

⁴² Compare the similar instruction at *Aph.* 1.22 (384.8–385.1 Magd. = 4.468.13–14 L.), which again suggests an association with swelling/engorgement. See above, p. 348 on ὀργή and purging, and pp. 104–5 n. 67, [Chapter 2](#) on haemorrhoids.

opisthotonus. Potter, perhaps guided by the rather physiological, bodily context of the remarks, translates the latter two passages ‘protruding eyes’. Given the importance this sign has in various aphorisms in *Prorrh.* 1, however, it is plausible to think of it as the sign of the ‘wild eye’, the excited glance, associated with both the emotional state and the bodily phenomenon.

In sum, the evidence suggests a conceptualisation of this emotion in a less restricted and tidy way than what we call ‘anger’, and surely also as more inclusive than Aristotle’s sociological definition of ὀργή as ‘an impulse’ with ‘pain’ directed at ‘revenge’ and prompted by a ‘perceived slight’ (*Rh.* 2.2.1378a31–3). In our sources, the terms discussed suggest a less specific experience of emotional intensification and excitement, whose output may be frantic, violent behaviour contrary to the individual’s normal habits and character, associated with swelling and engorgement due to the accumulation of fluids in the body (most explicitly with ὀργή). The terms analysed are to some extent interchangeable, but with some specifics (ὀργή and to some extent δξύθυμῖη have a stronger physiological component, θρᾶσῆα a more qualitative one). In addition, a terminological preference exists in certain texts for one term or the other (δξύθυμῖη in *Epid.* 2 and 6, θρᾶσῆα in *Prorrhetic* 1), and this should also be taken into account. This drive or emotion, so defined, while not pathological in itself, also accompanies mental disturbance in our sources or can be an aggravating circumstance.

5.1.4 Fear

Fear is a natural part of the experience of being a patient, insofar as it is motivated by an appraisal of the risk posed by the disease or is a consequence of the debilitation and uncertainty the condition involves. The authors of our texts, however, do not address this kind of iatrogenic fear as a clinical topic that the physician should be concerned with.⁴³ Instead, they speak of the unreasoning fear that is a pathological fact belonging specifically to the sphere of the emotions as a feature of mental disturbance. Di Benedetto⁴⁴ devotes the first section of his chapter on mental disorders in the Hippocratic texts to ‘paure e fobie’. He begins with the discussion of φροντίς in *Morb.* 2.72 (211.16–20 Jouanna = 7.110.1–4 L.), an affection that

⁴³ See Thumiger (2016b) 211–14 on the absence of this deontological concern.

⁴⁴ Di Benedetto (1986) 35–9. See Böhme (2009) for an account of fear in a variety of ancient sources, 168–70 for bodily effects of fear.

has a physiological base – the *phrenes* are affected – but a wider range of mental and mood manifestations:

and nausea/despondency⁴⁵ takes hold of him, and he flees the light and other human beings, and loves the dark, and fear takes hold of him, and the *phrenes* appear to be swollen outside, and he suffers when he is touched, and he is afraid, and he sees fearful and terrible images in dreams, at times the dead.

καὶ ἄση αὐτὸν λάζυται, καὶ τὸ φῶς φεύγει καὶ τοὺς ἀνθρώπους, καὶ τὸ σκότος φιλεῖ καὶ φόβος λάζεται, καὶ αἱ φρένες οἰδέουσιν ἐκτός, καὶ ἀλγεῖ ψαυόμενος, καὶ φοβεῖται, καὶ δειμάτα ὄρα καὶ ὀνείρατα φοβερά καὶ τοὺς τεθνηκότας ἐνίοτε.

Both dreams and daytime experience are characterised by an element of fear with no specified material cause, upon which the author insists: φόβος, φοβεῖται, δειμάτα, φοβερά, the visions of the dead. *Int.Aff.* 48 offers another nosological description in which fear is prominent: a case of ‘thick disease’ that presents manifestations of insanity of a bodily kind (impaired sight, crocydism), terminology of insanity (παρὰφρονέει) and hallucinations of the frightening kind (προφαίνεσθαι οἱ ... παντοδαπὰ θηρία καὶ ὀπλῖται μαχόμενοι, *Int.Aff.* 48, 232.14–20 Potter = 7.284.21–286.1 L.). The patient in these cases reacts by trying to fight these visions and appears to be startled by them (*Int.Aff.* 48, 232.22–3 Potter = 7.286.3–6 L.): ‘when he goes to bed, he starts up out of his sleep upon seeing fearful dreams’ (ἀναΐσσει ἐκ τοῦ ὕπνου ὅταν ἐνύπνια ἴδῃ φοβερά). This unmotivated fear is obviously a mental disturbance, disconnected from the reality of the patient’s state and surroundings and caused by dreams.

The case of Mnesianax at *Epid.* 7.45 (79.24–80.3 Jouanna = 5.414.2–4 L.), whose behaviour regarding food has already been described,⁴⁶ is accompanied by various mental disturbances and a feeling of fear on the part of the patient, here directed towards his own condition.⁴⁷ The disease is introduced as a case of ὀφθαλμία, and its course is entirely constructed around the eye trouble and displays various mental signs. In particular, Mnesianax is afraid to go out and withdraws in fright if someone talks about illness:

When he was in control of himself and could stand up, he did not want to go out, but said that he was afraid; and if someone mentioned serious illnesses to him, he was seized by fear.

⁴⁵ See Chapter 3, p. 211 n. 90.

⁴⁶ Above, p. 215.

⁴⁷ On the disease itself as a source of fear, and fear as a possible part of the aetiology of the disease, see Di Benedetto (1984) 39–40. Fear is clearly recognised as an emotional response divergent from actual risk at *Epid.* 3.4 (225.24–5 Kühlewein = 3.74.5 L.), where it is said that certain ailments were ‘more frightening than [actually] severe’ (ἦν δὲ ταῦτα φοβερώτερα ἢ κακίω).

ἐπεὶ δ' ἐντὸς ἑωυτοῦ ἦν καὶ ἔξανίστατο, οὐκ ἐξιέναι ᾗθελεν ἀλλὰ δεδιέναι
 ἔφη· εἰ τέ τις περὶ νοσημάτων χαλεπῶν διαλέγοιτο, ὑπεξήει φόβῳ.

At *Epid.* 1.18 (194.21–2 Kühlewein = 2.652.3 L.), in the description of the third constitution characterised by cases of high fever, the following information is offered about the patients: ‘they engaged in much erratic talk, fears, despondency’ (πολλὰ παρέλεγον, φόβοι, δυσθυμῖαι), followed by notes regarding the state of the hands and feet. The content of this fear is not specified, but it is obviously conceptualised as part of a series of mental signs.⁴⁸ At *Epid.* 3.1, case 11 (222.19 Kühlewein = 3.62.4–5 L.), following a miscarriage the patient παρέκρουσεν, φόβοι, δυσθυμῖαι; at *Epid.* 3.17, case 11 (241.8 Kühlewein = 3.134.5 L.), φόβοι, λόγοι πολλοί, δυσθυμῖη are again associated. A pattern of psychological distress seems to be recognised in all these examples. At *Epid.* 7.11 (59.22 Jouanna = 5.384.7 L.), the wife of Hermoptolemus displays behaviour that includes ‘screams, fears and glancing around’ (βοή καὶ δειμᾶτα καὶ περιβλέψεις). During her attacks, she leaps around and screams ‘as if struck by a blow and a terrible fit of pain and fear’ (ὥσπερ ἂν ἐκ πληγῆς καὶ δεινῆς ὁδύνης καὶ φόβου, 60.2–3 Jouanna = 5.384.9–10 L.), and similar heightened emotions are again foregrounded later: ‘on the fifteenth day, violent throwing herself around and fears (καὶ οἱ φόβοι), and her screaming became milder, and then subsequently she became angry and furious and cried out, if what she was saying was not done quickly’ (60.10–12 Jouanna = 5.384.16–19 L.). Later, as the attack subsides, a calmer timidity sets in: ‘when she was back to herself and could stand up, she did not want to go out, but would say she was afraid’ (οὐκ ἐξιέναι ᾗθελεν ἀλλὰ δεδιέναι ἔφη, 79.24–80.2 Jouanna = 5.414.2–3 L.).

The most psychologically construed cases of fear in our material are the two related patients of *Epid.* 5.81–2 (37.7–38.4 Jouanna = 5.250.10–17 L.): Nicanor, who suffers from ‘fear of the pipe player’, and Democles, who could not bear to be on cliffs or bridges.

Nicanor’s affection, when he went to a drinking party, was fear of the pipe girl (φόβος τῆς αὐλητρίδος). Whenever he heard the voice of the pipe begin to play at the symposium, masses of terrors rose up (ὑπὸ δειμάτων ὄχλοι). He said that he could hardly bear it when it was night, but if he heard it in the daytime he was unaffected (μόλις ὑπομένειν ἔφη ὅτε εἴη νύξ· ἡμέρης δὲ ἀκούων οὐδὲν διετρέπετο). Such symptoms persisted over a long period of time. Democles, who was with him, seemed/felt blind and physically

⁴⁸ See also *Epid.* 1.26, case 8 (209.22 Kühlewein = 2.702.16 L.), φόβος, δυσφορίη.

powerless (ἀμβλυώσσειν καὶ λυσισωματεῖν ἐδόκει), and could not go (οὐκ ἂν παρήλθε) along a cliff, nor onto a bridge to cross a ditch of the least depth, but he could go (οἶός <τε> ἦν) through the ditch itself. This affected him for some time.

These two cases are observed together, as the second is found μετ' ἐκείνου, with the first, and are even labelled by Di Benedetto as cases of 'fobia classica'.⁴⁹ The case of Nicanor gains in clarity if we analyse it in its own cultural context, as illustrated by King's reading of the case within the social rules and implications of symposiastic culture, whereby exposure, competition and social self-affirmation might be a cause or trigger of psychological distress.⁵⁰ In this way, the figure of the feared 'pipe player' becomes part of a complex cultural net that requires interpretation. The case of Democles, by contrast, resembles what is today called vertigo and geophyrophobia, accompanied by impaired sight (as in the case of Mnesianax, whose *ophthalmia* was strongly characterised by fear) and a feeling of physical weakness.

The pattern of psychological distress involving irrational fear is characteristic of female patients. The ill woman at *Mul.* 1.8 = 8.36.6–7 L., for example, 'is despondent, and does not seem to focus her sight, and is afraid (καὶ ἄθυμέει, καὶ ἐμβλέπειν οὐ δοκέει, καὶ δέδιεν)'. Along similar lines, the description of the pathological maidens in *Girls* pays specific attention to fear in the opening discussion of insanity: 'about the so-called sacred disease, swooning and scary images that frighten people terribly, so that they become deranged and seem to see hostile daemons, sometimes in the day, sometimes in the night' (περὶ τῶν δειμάτων, ὅκόσα φοβεῦνται ἰσχυρῶς ἄνθρωποι, ὥστε παραφρονέειν καὶ ὀρῆν δοκέειν δαίμονας τινὰς ἐφ' ἑωυτῶν δυσμενέας, ὅκότε μὲν νυκτός, ὅκότε δὲ ἡμέρης, *Virg.* 1, 22.3–6 Lami = 8.466.45–8 L.). Fear persists as a marker of mental suffering when maidens come under consideration: 'because of the darkness, [she] is afraid and full of fright', ὑπὸ δὲ τοῦ ζοφεροῦ φοβέεται καὶ δέδοικεν (*Virg.* 3, 24.2 Lami = 8.468.11 L.); the girl refers to frightful presences (φοβερὰ ὀνομάζει, *Virg.* 3, 24.4–5 Lami = 8.468.14 L.), which seem to drive her to suicide: 'they crave to throttle themselves' (ἀγχονὰς κραίνουσιν, *Virg.* 3, 24.3 Lami = 8.468.12 L.).

⁴⁹ Paraphrasing Di Benedetto (1984) 38. These cases are also mentioned by Gourevitch and Gourevitch (1982b), though in a survey that sometimes risks forcing the modern diagnosis of *phobia* onto the ancient descriptions (especially when it comes to Aretaeus, 888–9).

⁵⁰ King (2013) 265–82.

The author of the *Sacred Disease* pays attention to the emotional impact of the attacks, both during and before and after them, and fear features prominently in them. Here too, the patients' fear is nonetheless associated with ignorance and misconception. At *Morb. Sacr.* 1 (8.10–13 Jouanna = 6.362.3–6 L.), it is the superstitions of ignorant men that lead to false interpretations of fears that have a natural explanation: 'when frightful images appear before them at night, and fears and obsessive thoughts, and stumbling out of bed, and sudden flights (καὶ φόβοι καὶ παράνοιαι καὶ ἀναπηδήσεις ἐκ τῆς κλίνης καὶ φεύξεις ἕξω), they say that Hecate is attacking or that the heroes are assaulting them'; at *Morb. Sacr.* 14 (26.5–6 Jouanna = 6.386.23 L.), δαίματα καὶ φόβοι are further naturalised as experiences caused by the brain.⁵¹ The lack of recognition of iatrogenic fear is perhaps most evident in its transfiguration into shame in the passage at *Morb. Sacr.* 12 (22.13–23.5 Jouanna = 6.382.19–384.3 L.) that describes the feelings of the ill as they sense the oncoming attack:

Those, however, who are used to the disease know beforehand when they are about to be seized, and flee from men; if their own house is at hand, they run home, but if not, to a deserted place, where as few people as possible will see them falling, and they immediately cover themselves up. They do so *from shame of the affection, and not from fear of the divinity, as most people* (οἱ πολλοί) *suppose* (ὕπ' αἰσχύνης τοῦ πάθους, καὶ οὐχ ὑπὸ φόβου, ὡς οἱ πολλοὶ νομίζουσι, τοῦ δαιμονίου). And little children at first fall down wherever they may happen to be, *from inexperience* (ὕπὸ ἀθθίης). But when they have often been seized and feel its approach beforehand, they flee to their mothers or to any other person they are acquainted with, *from terror and dread of the affection, for being still infants they do not yet know what it is to be ashamed* (ὕπὸ δέους καὶ φόβου τῆς πάθης· τὸ γὰρ αἰσχύνεσθαι οὕτω γινώσκουσιν).⁵²

This author is making a specific effort to exclude fear as a 'legitimate' patient feeling: φόβος τῆς πάθης can befall children but not experienced adults, who are instead concerned with shame and sense of propriety. There are signs of a forced train of thought here – how would a child old enough to feel the attack coming and seek shelter be prey to fear of the πάθη (rather than of the gods or an unknown force), but specifically lack a sense of shame? The range of patient emotions that concern later deontology seems to be purposefully rejected by this author, whose concerns lie firmly within the physiology of fear.⁵³

⁵¹ Likewise at *Morb. Sacr.* 15 (27.11–12 Jouanna = 6.388.17–18 L.).

⁵² Trans. by C. D. Adams, with adjustments.

⁵³ See Thumiger (2016b) for a full discussion.

On the other hand, sudden fear can for its own part be the cause of the flux of phlegm that is responsible for an epileptic attack: at *Morb. Sacr.* 10 (20.1–5 Jouanna = 6.380.1–4 L.), we read that ‘the flux is caused also by the fear of something mysterious (ἐξ ἀδήλου φόβου γινομένου), if the patient is afraid of a shout, or if he is unable to recover his breath quickly while weeping, things that often happen to children’. The association here is with a physiological datum, the sudden interruption (or decrease) of the flux of air due to a fright or to weeping. *Aphorisms* 3.24 (407.1–3 Magd. = 4.496.12–14 L.), in fact, mentions φόβοι among the typical ailments of childhood, and *Aph.* 4.67 (425.9–10 Magd. = 4.526.3–4 L.) specifies that the fears that derive from dreams (οἱ ἐκ τῶν ὑπνῶν φόβοι) are a bad sign, κακόν.

The latter are instances of fear as psychological experience that can signal a more general negative state of health; in the case of *De Morbo Sacro*, by contrast, the emotion is variously linked to the physiology of the brain and the fluxes of phlegm. Another explicit physiological take, but of a different kind, appears at *Epid.* 6.2.20 (44.1–2 Manetti–Roselli = 5.288.5–6 L.), which offers a direct association between a hard physiological fact and an emotional affection: watery blood (τοῦ αἵματος τοῦ ἰχωροειδέος) is said to be found ‘in those who cower under fear or have troubled sleep’ (ἐν τοῖσι πτοιώδεσι τὸ τοιοῦτον ἢ τοῖσιν ἡγρυπνηκόσι). If not as prominently as in the case of anger, therefore, in the case of fear as well the emotion is identified with a physiology. The full range of bodily associations is more evident, as with other emotions in the discussions in the pseudo-Aristotelian *Problemata*. At 2.26 (Mayhew I.78.3–4 = 869a3–4) and 2.31 (Mayhew I.82.4–8 = 869b4–8), φόβος is associated with a transfer of heat from the upper to the lower regions of the body, and with paleness and trembling at 8.9 (τρέμοντες καὶ ὠχρίωντες, Mayhew I.248.13–15 = 888a13–15). Book 27 (Mayhew II.218–30.12–20 = 947b12–949a20) is entirely devoted to the topics of ‘fear and courage’ (ὅσα περὶ φόβον καὶ ἀνανδρείαν, according to the transmitted title), but no attention is paid to psychological and subjective experience or its cognitive content (i.e. motivated and plausible fear vs. irrational, hallucinatory fear); the focus is entirely on the bodily consequences of the cooling action of the emotion. We thus find trembling (τρέμουσιν, *Probl.* 27.1, Mayhew II.218.11 = 947b11); thirst (τὸ δίψος, *Probl.* 27.3, Mayhew II.220.34 = 947b34; διψῶσιν, *Probl.* 27.2, Mayhew II.212.22 = 947b22; 27.8, Mayhew II.218.13, II.226.13 = 248b13); rapid and sharp heart beat (*Probl.* 27.3, Mayhew II.220.31–2 = 947b31–2, πυκνή καὶ νυγματώδης); trembling of the voice, hands and lower lip (τρέμουσι, *Probl.* 27.6, Mayhew II.224.35–6 = 948a35–6; 27.7, Mayhew II.226.7 = 948b7); shivering (ριγῶσι, *Probl.*

27.8, Mayhew II.226.14 = 948b14); silence and speechlessness, and an explanation of them in terms of fear (because cooling causes breathlessness, *Probl.* 27.9, Mayhew II.228.24–5 = 948b24–5), on which *De Morbo Sacro* had already commented; loosening of the bowels and desire to urinate (*Probl.* 27.10, Mayhew II.228.35–6 = 948b35–3); rumbling (βομβυλίζουσιν, *Probl.* 27.11, Mayhew II.230.13 = 949a13); and the contraction of the genitals and emission of semen (*Probl.* 27.11, Mayhew II.230.16–20 = 949a16–20).

Several relevant *Problemata* recognise another emotion as having much in common with shame and fear, and one we may interpret as contiguous to mental disturbance: ‘anxiety’,⁵⁴ ἄγωνία/ἄγωνιόω (οἱ ἄγωνιῶντες), which can be related to a manifestation analysed in its bodily representations in [Chapter 2](#), the sense of restlessness, discomfort and unease.⁵⁵ Mention of a similar state accompanies the peculiar dreams in which the heavenly bodies are seen to wander about in *Vict.* 4.89 (222.28–9 Joly-Byl = 6.648.19–20 L.), ‘[they] signal a trouble of the soul following anxiety/worry’ (ψυχῆς τινα τάρραξιν σημαίνει ὑπὸ μερίμνης). The term φροντίς in the ambiguous passage at *Epid.* 6.5 also alludes (on my interpretation of the text) to an experience of anxiety:⁵⁶ ψυχῆς περίπατος, φροντίς ἀνθρώποισιν (IIo.4 Manetti–Roselli = 5.316.8–9 L.), ‘wandering of the soul, worry in human beings’, or ‘the worry in human beings is a wandering around/a full circle of the soul’. I suggest that the meaning here is that ‘worry’, ‘anxiety’ are conceived as a complete and ‘wasted’ trip of the soul inside the body cavity, devoid of any perceptual activity.

⁵⁴ Mattern (2015) offers a discussion of the experience in Galen; an important precedent in Hippocratic medicine should be added to the picture.

⁵⁵ The keywords and concepts that emerged there were ἀλύω, ἄλυσμός, ἀλύκη and εἴλω, ἐλύω, as well as words and expressions for discomfort and restlessness such as δυσφορία, δυσφορέω, οὐ κατέχω and ὑποκαρῶ.

⁵⁶ See Manetti–Roselli *ad loc.*, IIo–II for a survey of opinions on this difficult passage, all of which support instead an interpretation of περίπατος as ‘stroll, physical exercise’. In Athenaeus reported by Oribasius, *libri incerti* 21 = 112.19–24 Raeder, an alternative interpretation is offered: ‘Exercises that are suitable for women should be encouraged: of the soul, [exercise] by means of the studies proper to women, such as thinking about the household (since, as the ancient Hippocrates said, “for men’s souls, taking a walk is [analogous to] thinking”’ (γυμνάσια δ’ ἐπιτρεπτέον τὰ γυναῖξιν ἀρμόζοντα, ψυχῆς μὲν τὰ διὰ τῶν οἰκείων αὐταῖς μαθημάτων καὶ τῶν κατὰ τὴν οἰκίαν φροντίδων (‘ψυχῆς γὰρ περίπατος φροντίς ἀνθρώποισι’, ὡς εἶπεν ὁ παλαιὸς <Ἱπποκράτης>), σώματος δὲ διὰ τῆς ταλασιουργίας καὶ τῶν ἄλλων τῶν κατὰ τὴν οἰκίαν πόνων). Pigeaud (1981/2006) 446 notes that Dioscorides corrected the text to ψυχῆς περὶ παντός, ‘a soul above all [occupied with reflections]’. Galen comments that the sense would be prescriptive, with Dioscorides, “Men should practise reasoning most of all”. For thoughts are called *phrontides*’ (περὶ παντός τοῖς ἀνθρώποις ἀσκητέον ἐστὶ τὸν λογισμὸν. αἱ γὰρ τοὶ διανοήσεις ὀνομάζονται φροντίδες, my translation, *Comm. Hipp. Epid.* VI, 5.11, 280.15–20 Wenkebach and Pfaff = XVIIb.263 K.). I thank Sean Coughlin for discussion on this point.

In *Problemata*, individuals suffering from anxiety, οἱ ἄγωνιῶντες, are said to sweat on their feet rather than their face (*Probl.* 2.26, Mayhew I.78.34–5 = 868b34–5; 2.31, Mayhew I.82.4 = 869b4) and grow warmer, like those who are angry and unlike those who are afraid. They have a trembling voice, like people who are afraid (*Probl.* 11.31, Mayhew I.376.30–1 = 902b30–1; 53, Mayhew I.392.5 = 905a5; 62b, Mayhew I.400.14–15 = 906a14–15), but utter low sounds as opposed to the higher pitch of those who are frightened – and like people who feel shame, since the two experiences may overlap (*Probl.* 11.32, Mayhew I.376.36 = 902b36). There are not only contrasts but also common ground between anxiety and fear: stammering, because ‘anxiety (ἄγωνία) is a sort of fear’ (*Probl.* 11.36, Mayhew I.382.12–13 = 903b12–13); thirst, as in the case of those who are afraid or ‘awaiting punishment’ (*Probl.* 27.3, Mayhew II.220.1–4 = 948a1–4), and emission of semen (*Probl.* 27.11, Mayhew II.230.18–20 = 949a18–20). Despite the variations in physiology, there is a tight association between emotion and the body in these authors. The contradictions or divergences among proposed physiologies may actually be taken as evidence of their agenda: the plethora of (sometimes contradictory) bodily data assigned to each emotion does not derive from empirical observations generalised into a rule. Instead, it seems, at least to an extent, to be part of a calculated project of naturalisation of human experiences, whereby detailed bodily signs are sought for each emotion.

5.1.5 Shame

There are no physiological correspondences to the feeling of shame in our texts. Shame can be universally recognised as an important emotion for patients, but in our texts it remains confined to special cases. Shame has stronger social constructedness than anger and fear; this general fact is especially true in Greek culture. There are explicit terminological references to shame in our texts, but frequent behavioural signs, such as hiding one’s face and wrapping oneself up during distress, can also be interpreted as tokens in this sense.

Let us return to the clearest textual reference we have, at *Morb. Sacr.* 12 (22.13–23.5 Jouanna = 6.382.19–384.3 L.). In this passage, the author describes the desire felt by the patients to hide from human sight when they feel an attack is impending. The cause of this is the feeling of shame – with the distinction that this does not happen with child patients, who

'know no sense of shame' and seek to hide beside their mothers simply because they are afraid of the attack itself.⁵⁷

This passage goes into great psychological detail to describe the feelings of the ill, and offers two competing emotional explanations for the avoidant behaviour of those who sense an oncoming epileptic attack: shame and fear. Adults flee towards an isolated shelter not because of fear of the gods (as some think; this superstitious aetiology was rejected at *Morb. Sacr.* 1, 7.17–8.13 Jouanna = 6.360.9–62.6 L.), but because they are aware of their impending fall and of the embarrassing consequences of the attack (foaming at the mouth and discharge of urine and excrement, according to contemporary descriptions of the disease, as well as convulsions and a general lack of self-control) and feel 'shame for their disease' (αἰσχύνῃ τοῦ πάθους). They search for a secluded place in which to hide from the sight of others and cover themselves (ἐγκαλύπτεται).⁵⁸ The use of this verb and the concept of isolation and calm, as well as the ἐρημότατον, the solitary place mentioned, evoke the various examples found elsewhere of mentally distressed patients covering and wrapping themselves up. At *Epid.* 7.83 (98.13–18 Jouanna = 5.440.4–9 L.), for example, the patient Cydes, who shows signs of mental disturbance (ὑποπαρέκρουε; παραλήρησις), glanced about and 'covered his face with his mantle' (τὸ ἱμάτιον ἐπὶ τὸ πρόσωπον). We have analysed some of these instances in the context of mental suffering in Chapter 2, noting the recurring use of the verbs περιστέλλομαι and συγκαλύπτω. These actions of covering up one's face or wrapping oneself up are a gesture of self-protection that fits with the state of the ill generally. They may nonetheless participate in a feeling of shame or a reaction to shame, as they are explicitly interpreted in the passage from *De Morbo Sacro*. The gesture of veiling and covering one's head has been analysed as typifying the expression of certain emotions, in particular by Cairns, who does not, however, include the medical evidence.⁵⁹ Cairns specifies that 'the covering of the head, face or eyes typically expresses sensitivity to the reactions and judgments of other people'.⁶⁰ The evidence he

⁵⁷ See above, p. 356.

⁵⁸ On the significance of this presentation of fear and shame as a reduction of an irrational affection (fear of the unknown) to a rational, social concern (shame) by the Hippocratic doctor, see Thumiger (2016b).

⁵⁹ Cairns (2009, 2011b).

⁶⁰ Cairns (2009) 37; see 45–7 for veiling and personal sensitivity in literary representations. Cairns explores the act of covering (in cases of weeping in particular) as one that both conceals and reveals the emotion simultaneously. A comparable symmetry is found in our medical sources, where the concealment is a literal 'sign' that the 'audience' – the physician, his entourage or the family, in the case of the *Epidemics* – receives and notes. At 54, Cairns emphasises the element of regulation and ritualism that the gesture brings to the emotional output (while, at the same time, the emotional

analyses is literary, so that an important role is played in his approach and material by the symbolism of veiling as a way to provide a shield for the individual feeling it *as much as* to represent and communicate the emotion of shame, consciously adopting a code. Our material, by contrast, although it seconds the association of veiling with mental and personal distress, is not (or is less) influenced by literary and symbolic conventions and might be taken to reflect more closely the reality of the sufferer and his or her mental distress; feelings of shame and the desire to hide and protect oneself from the sight of others are noted by the physician.

The pseudo-Aristotelian *Problemata* offer a physiological complement to this account, describing the bodily effects of shame in a way that resembles the qualification of anger in our medical texts (as well as in Aristotelian philosophy). At *Probl.* 32.1 (Mayhew II.344.36 = 960a36), shame (αἰσχύνωνται) is associated with heat and the release of moisture towards the face and especially the ears; at *Probl.* 32.8 (Mayhew II.348.10 = 961a10), the same reddening of the ear is explained describing shame, αἰδώς, as a ‘cooling in the eyes with fear’ that releases heat towards other regions of the head (see also 12).⁶¹ Such a physiology of shame plays no part in the Hippocratic material, in which the emotion receives much less discussion than the more explosive and critical fear and anger.

5.1.6 Sadness and Happiness: Euthymic and Dysthymic Moods

Sadness and happiness are not prominent as objects of medical attention in our material by comparison with later medical texts, notably Galen. They belong to a personal and ethical approach to human health, and although they are notably important already in Democritus’ philosophical take on the care of the individual,⁶² we must wait for Celsus and later medical works to find these aspects explicitly addressed as a matter of medical practice.⁶³ The Hippocratic doctors, however, did not entirely dismiss the

intensity of the ritual is increased by it). The medical element adds a third level of evidence alongside the codified (whether by literature or religious practices) and the immediate, instinctive (covering one’s face when weeping as a gesture familiar today as well).

⁶¹ See also *Probl.* 11.32, 902b36–903a7 (Mayhew I.376–8.36–7) and 11.52, 904b34–905a4 (Mayhew I.390.34–392.4) on shame and voice quality.

⁶² See Holmes (2010) 216–27 on Democritus and the links between ethical–eudaimonistic themes and physiological representations of the body.

⁶³ The later deontological texts of the Hippocratic corpus also give importance to mood control as part of the doctor’s duties. At *De Med.* 1 (9.206.1–4 L.), for example, a doctor should avoid showing excessive sombreness or happiness to the patient: ‘in appearance, let him be of a serious but not harsh countenance; for harshness is taken to mean arrogance and unkindness, while a man of uncontrolled laughter and excessive gaiety is considered vulgar, and vulgarity especially must be

relevance of sadness and grief to the pathological picture, both as a cause of illness and as an element within a representation of disease.

The expressions of mood and the range between the two extremes, the euthymic and the dysthymic, are particularly important in the patient cases. 'pain' (λύπη); 'hopelessness' (δύσελπις and ἀνελπίζω); a 'bitter' (πικρός) or 'dark' (σκυθρωπός) mood or disposition; silences; forms of despondency (ἄθυμία, δυσθυμία, δυσφορέω); screams, tears and laughter:⁶⁴ all these are signs of a psychological state that, unlike anger, is not represented as having a localised bodily area of affection or bodily physiology, but still can impact the physical health of the patient. To these aspects and terms should be added suicidal emotions, which these writers also recognise.⁶⁵

'Despondency' (δυσθυμία) appears in contexts of mental disturbance, but also as a consequence of dietetic changes. The author of *Ancient Medicine*, for instance, recognises 'low mood and listlessness' (δυσθυμία and δυσεργία) as elements of pathology when someone accustomed to having lunch begins skipping his meals (*Vet. Med.* 10, 131.3–4 Jouanna = 1.592.17–18 L.). In the discussion at *Epid.* 1.18 (194.21–2 Kühlewein = 2.652.3 L.), fears and despondency (φόβοι and δυσθυμιαί) are recognised as among the various aspects of mental disorder that befall phrenitics, and *Mul.* 2.174 bis (8.356.2–5 L.) depicts a type of patient who 'is depressed and restless in her mind' (δυσθυμέει τε καὶ αἰολᾷται τῇ γνώμῃ), and later 'she feels she is dying/it seems to her that she is dying' (δοκεῖ θανεῖσθαι). Individual patient cases are also important: at *Epid.* 3.1, case 6 (221.1–2 Kühlewein = 3.52.7–8 L.), the patient shows signs of mental disturbance and is described as 'silent, and would not converse at all. Depression, the patient despairing of herself' (σιγῶσα, οὐδὲν διελέγετο. δυσθυμία, ἀνελπίστως ἑωυτῆς εἶχεν). In *Epid.* 3.17, case 11 (241.8 Kühlewein = 3.134.5 L.), we find a similar association of general mental disturbance with fear and a sad or disturbed mood (φόβοι, δυσθυμία). These two often appear together, and in the famous *Aph.* 6.23 (453.1–2 Magd. = 4.568.11–12 L.) they are associated with melancholic suffering, 'if fear or despondency (φόβος ἢ δυσθυμία) lasts for a long time, this is melancholic'.⁶⁶ ἄθυμία is used to

avoided' (σχήμασι δὲ, ἀπὸ μὲν προσώπου σύννου μὴ πικρῶς· αὐθάδης γὰρ δοκεῖ εἶναι καὶ μισάνθρωπος, ὁ δὲ εἰς γέλωτα ἀνιέμενος καὶ λίην ἱλαρὸς φορτικὸς ὑπολαμβάνεται· φυλακτέον δὲ τὸ τοιοῦτον οὐχ ἥκιστα). See below on hope and hopelessness.

⁶⁴ Ciani (1983) 14; Di Benedetto (1986) 45–7 for disturbances of a 'depressive' spectrum. Di Benedetto includes discussion of terms such as λειποψυχία, ἀψυχία, ἀποψυχία, ἀδυναμία and cognates, discussed here in Chapter 4 under 'sensory disturbances'.

⁶⁵ See Section 3.5 on death and suicide.

⁶⁶ On which see above, pp. 57, 59. Compare *Mul.* 2.182 (= 8.364.14–15 L.), 'she has nausea and despondency, there was black bile in the womb' (καὶ ὅση ἔχη καὶ δυσθυμία, μέλαινα χολή ἐν τῇσι μήτρῃσιν ἔνι).

the same effect, as in *Epid.* 3.17, case 2 (235.5–6 Kühlewein = 3.112.10–12 L.), for the female patient with melancholic traits (τὰ περὶ τὴν γνώμην μελαγχολικά) who ‘does not eat, is listless, troubled in sleep’ (ἀπόσιτος, ἄθυμος, ἄγρυπνος).

λύπη is a general term for pain in Greek, and in our texts as well can simply indicate physical suffering. There are cases, however, in which λύπη is specifically applied to spiritual suffering, grief and sadness:⁶⁷ at *Acut.* (*Spor.*) 40 (87.11–12 Joly = 2.476.5–7 L.), a distinction is drawn, in the presence of a weakened body presenting various kinds of affection, between cases to be cured with hellebore and those which should not, as they are caused by drink, sexual excess, *grief*, *worries* or troubled sleep (μήτε ὑπὸ ποτῶν μήτε ὑπὸ ἀφροδισίων μήτε ὑπὸ λύπης μήτε ὑπὸ φροντίδων μήτε ὑπὸ ἀγρυπνιῶν). These defy pharmacological therapy and are treated as a category apart: among them, λύπη in particular can perhaps be interpreted as the grief caused by a personal reason for pain rather than unspecified δυσθυμία. We read further that in these cases a specific therapy should be sought (πρὸς τοῦτο ποιεῖσθαι τὴν θεραπείην) rather than the ἐλλεβορίζειν under discussion. Likewise at *Loc. Hom.* 39 (74.19 Craik = 6.328.17 L.), a category of people is singled out as ‘badly disposed, ill and wanting to hang themselves’ (ἀνιωμένους καὶ νοσέοντας καὶ ἀπάγχεσθαι βουλομένους) and a therapy of mandrake root is suggested (μανδραγόρου ῥίζαν). At *Coac.* 472 (220.26–8 Potter = 5.690.7–8 L.), we read that ‘low moods and avoidance of company (ἄθυμια καὶ ἀπανθρωπία) with silence’ are especially wearing (κατεργαστικά) for white-phlegmatic patients. Here it is not an emotion but a syndrome, one might say, of low mood and intentional isolation from others that is an aggravating factor.⁶⁸ At *Acut.* 42 (54.4–5 Joly = 2.312.6–7 L.), the mental pathology of patients wrongly treated includes aspects of mood: ‘they become vulnerable to grief/peevish and bitter, and deranged’ (περίλυποι δὲ καὶ πικροὶ γίνονται καὶ παραφρονέουσι). Finally, the very mention in the *Oath*⁶⁹ of the physician’s duty not to help anyone procure death by poison or to ‘suggest’ this solution (followed by a rejection of procedures leading to abortion) may also indicate that suicide was not uncommon: ‘I will not administer a poison to anybody when asked to do so, nor will

⁶⁷ *Hum.* 9 (168.7–11 Overwien = 5.490.1–6 L.) speaks of ‘pains that occur to the mind by chance/ because of some event’ (τὰ ἀπὸ συγκυρίας λυπήματα γνώμης). The items in the list – ‘fears, shame, pleasure, pain, anger and other such things’ (οἱ φόβοι, αἰσχύνη, ἡδονή, λύπη, ὀργή, τὰλλα τὰ τοιαῦτα) suggest that the expression indicates sadness or depression.

⁶⁸ For ἄθυμειν, see also *Mul.* 1.8 (8.36.6 L.) and *Mul.* 2.154 (8.328.20 L.); cf. *Mul.* 2.177 (8.360.5 L.).

⁶⁹ The *Oath* may be from the fifth or early fourth century, although later dates closer to other deontological treatises have been proposed (see Ducatillon 2001; von Staden 2007).

I suggest such a course; similarly I will not give a woman a pessary to cause abortion' (οὐ δώσω δὲ οὐδὲ φάρμακον οὐδενὶ αἰτηθεὶς θανάσιμον οὐδὲ ὑπηγήσομαι ξυμβουλίην τοιήνδε· ὁμοίως δὲ οὐδὲ γυναικὶ πεσσοῖν φθόριον δώσω, *Iusj.* 3, 4.15–17 Heiberg = 4.628.8–11 L.). Nonetheless, no actual case of suicide is registered in our writings, as already noted, nor is it seen as a concrete danger, a fatal outcome of a depressed state.

Two female patients in *Epid.* 3 suffer from an illness explicitly caused by λύπη.⁷⁰ At *Epid.* 3.17, case 11 (241.4–5 Kühlewein = 3.134.2 L.), the patient is 'a refractory/uneasy woman' (literally, 'untamed, who cannot endure the reins', γυνή δυσάνιος).⁷¹ Her illness begins with trouble eating, sleeping and drinking, and with nausea, 'following grief for a reason' (ἐκ λύπης μετὰ προφάσιος), i.e. resulting from a loss, as opposed to general, unmotivated depression. A similar case is represented by a woman at *Epid.* 3.17, case 15 (244.1–2 Kühlewein = 3.142.7 L.), whom 'fever with shivers and of the acute kind took hold of, following a grief' (πυρετὸς φρικώδης, δξύς ἐκ λύπης ἔλαβεν). Various signs of mental distress follow, in particular *crocodydism*. At *Epid.* 3.17, case 14 (243.16–17 Kühlewein = 3.140.18 L.), another female patient who has just given birth and will die on the seventeenth day is described as 'silent, sad and unwilling to obey' (σιγῶσα δὲ καὶ σκυθρωπὴ καὶ οὐ πειθομένη) just before delirious talk sets in (πολλὰ παρέλεγε).

The case of *Parmeniscus*, some of whose signs have already been mentioned, is the fullest example of a case resembling depression both in its emotional features and for the chronic and resilient character of the ailment. We have two versions of this patient report (*Epid.* 5.84, 5.252.5–6 L. = 39.1–3 and 7.89 *Jouanna*, 103.6–18 *Jouanna* = 5.446.7–8 L.). In the shorter one, at *Epid.* 5.84, we read that '*Parmeniscus* previously had been visited by dejections and a desire to end his life, but sometimes again by a positive mood' (Παρμενίσκῳ καὶ πρότερον ἐνέπιπτον ἄθυμια καὶ ἀπαλλαγῆς βίου ἐπιθυμία, ὅτε δὲ πάλιν εὐθυμία). This shorter summary points out the features considered most salient: the alternating moods, the

⁷⁰ This is the only explicit reference to a psychological origin, or trigger, for a disease in our texts. It is interesting to compare the remark at Menander, *Aspis* 344–6, where a character's health (and specifically mental health) is discussed: 'most diseases are almost always caused by *pain*, ἐκ λύπης' (τὰ πλεῖστα δὲ ἀπασιν ἀρρωστήματ' ἐκ λύπης σχεδὸν ἔστιν); the idea might have been widespread.

⁷¹ See Pigeaud (1981/2006) 394 on this term. Galen interpreted it in a clear psychological sense at *Comm. Hipp. Epid.* III, 86 (181.4–6 Wenkebach = XVIIa.778 K.), quoting Critias (fr. 88 B 42 D.-K.): 'Critias ... explains the term thus: *δυσάνιος* is someone who suffers (ἀνίσταται) for small things, and for great ones more than other people or for a longer time.' (Cf. also the Galenic glossary to Hippocrates, *Voc. Hipp. Gloss.* δ 24 Perilli, *δυσήνιος*: someone who is grieved beyond measure (μὴ εὐκόλως ἀνιώμενος); also called 'hard to rein in' (δυσχαλίνωτος).)

suicidal drive and the periodic character of the suffering as suggested by καὶ πρότερον and the use of the imperfect; this is the only example of such a patient in our sources. At *Epid.* 7.89 (103.6–18 Jouanna = 5.446.7–17 L.), we find the extended report:

Parmeniscus had previously been visited by dejections and a desire to end his life, but sometimes again by a positive mood (καὶ πρότερον ἐνέπιπτον ἄθυμια καὶ ἡμερος ἀπαλλαγῆς βίου, ὅτε δὲ πάλιν εὐθυμία). One time at Olynthus in the fall he took to his bed, voiceless. He kept still, hardly attempting to begin speaking. At times he said something, and again was voiceless. Sleep came on, and periodically wakefulness, and silent tossing and delirium (ρίπτασμός μετὰ σιγῆς καὶ ἄλυσμός), and his hand went to his *hypochondria* as though he was in pain. And at times he turned away and lay still. His fever was continuous and he was breathing easily. He later said that he recognised people who came in (ἔφη δὲ ὕστερον ἐπιγινώσκειν τοὺς ἐσιόντας). At times for a whole day and night when they offered water to drink he did not want it, but at times he would suddenly seize the water cooler and drink it down. His urine thick like a mule's. He was cured about the fourteenth day.

This is a perfect illustration of physiological illness developing from a mental disorder, and seems to be precisely a mood disorder of a depressive kind.⁷² This is described with details regarding behaviour: lack of speech, confinement to bed, difficult sleep patterns and a refusal to interact (ἀποστραφεὶς ἔκειτο ἡσυχίην ἄγων). General mental disturbance is registered (ἄλυσμός) and an intermittently altered ability to recognise those around (ἔφη δὲ ὕστερον ἐπιγινώσκειν τοὺς ἐσιόντας). The illness is cured and emerges as recurrent, having a periodic nature.

If sadness and negative feelings receive attention both as pathologies and as triggers of pathology, joy and positive moods do not seem as important to register, although εὐφροσύνη is recognised among the areas of human experience controlled by the brain in the key statement at *Morb. Sacr.* 14 (25.13–15 Jouanna = 6.386.16–17 L.): 'our pleasures, joys, laughter and jests, as well as our sorrows, pains, griefs and tears arise [from the brain]' (καὶ ἡδοναὶ γίνονται καὶ εὐφροσύνη καὶ γέλωτες καὶ παιδιαὶ ἢ ἐντεῦθεν, ὅθεν καὶ λῦπαι καὶ ἀνία καὶ δυσφροσύνη καὶ κλαυθμοί). As is the case with anger, grief and joy are a consequence as well as sometimes a cause of physiological states. They are said to be the mechanical trigger for a 'leap in the diaphragm', at *Morb. Sacr.* 17 (30.7–8 Jouanna = 6.392.7–8 L.), 'if a person is overjoyed or oppressed by grief' (ἢν τι ὠνθρωπος

⁷² There is no ground whatsoever for interpreting this as a 'melancholic attack' with Gourevitch and Gourevitch (1982c).

ὑπερχαρή ἐξ ἀδοκῆτου ἢ ἀνιηθῆ). At *Prorrh.* 2.4 (228.26–7 and 230.19–20 Potter = 9.16.4–5 and 20–1 L.), exercise is said to make the patient εὐθυμότερος (εὐθυμότερος ἐν τῇ ταλαιπωρίῃ), as wine does (‘more cheerful, unless his head is disturbed by something’ (εὐθυμότερος, ἢν μὴ τι αὐτῷ ἢ κεφαλῇ ἀνιῶτο); the euthymic state here appears to be affected both by dietary facts and by an indefinite ‘something’ (τι) oppressing the head that might be of existential–psychological relevance.⁷³

At *Epid.* 6.5.5 (108.6–110.1 Manetti–Roselli = 5.316.6–7 L.), we read that ‘contentment releases the heart’ (ἡ δ’ εὐθυμία ἀφίει καρδίην), in opposition to the ill effects of an angry mood (ὀξύθυμία). In this case, εὐθυμία is cast more as a lack of aggressiveness and distress than as a feeling of accomplishment or joy, and the word is used in a similarly contrastive manner in the case of Parmeniscus to describe his optimistic phases (ὅτε δὲ πάλιν εὐθυμία). At *Flat.* 14 (122.7–10 Jouanna = 6.112.6–8 L.), the effects of wine as capable of bringing on a hopeful disposition are described: ‘one’s mind changes and the thoughts in one’s mind, and forgetfulness of the present evils comes about, and hopes for good things to come’ (μετατίπτουσιν αἱ ψυχαὶ καὶ τὰ ἐν τῇσι ψυχῇσι φρονήματα, καὶ γίνονται τῶν μὲν παρεόντων κακῶν ἐπιλήσμονες, τῶν δὲ μελλόντων ἀγαθῶν εὐέλπιδες) – again a negative definition of a happy mood as absence or removal of existing worries. All these are firmly anchored to a physiology underlying the emotional state.⁷⁴

On the other hand, the physicians recognise a type of manic joy or euphoria of a pathological kind – what we would today would call a form of ‘mood disorder’ – marked by restlessness, excessive talk and especially laughter. Laughter is never positive in our sources:⁷⁵ at *Epid.* 1.26, case 2 (203.23–204.1 Kühlewein = 2.686.6–7 L.), a patient with several mental signs is described with ‘many words, laughing, singing; could not be restrained’ (λόγοι πολλοί, γέλως, ᾧδή, κατέχειν οὐκ ἡδύνατο); the woman with a grief-originated illness at *Epid.* 3.17, case 15 (244.3–4 Kühlewein = 3.142.9 L.), alternates between tears and laughter (δάκρυα καὶ πάλιν γέλως); the man who was hit by a catapult at *Epid.* 5.95 (42.5 Jouanna = 5.254.19 L.) = 7.121 (116.19 Jouanna = 5.466.14 L.) is possessed

⁷³ On εὐθυμία and its subsequent philosophical history, see Pigeaud (1981) 443–521, 443–9 on medical sources.

⁷⁴ On this passage, see above, p. 109.

⁷⁵ Halliwell (1991) discusses laughter in Greek culture and the opposition he describes between ‘playful laughter’ and ‘consequential laughter’ (corresponding, on his view, to that between γελοῖα and σπουδαῖα, 280). Literature on laughter (most recently the collection in Desclos 2000) does not consider the medical evidence extensively; but see Halliwell (1991) 16–17.

by a troubled/raucous laughter (γέλως ἦν περὶ αὐτὸν θορυβώδης) in the course of his fatal illness. At *Gland.* 12 (119.25–6 Joly = 8.568.3 L.), damage to the brain causes mental disturbance, which the patient suffers ‘with grinning laughter and grotesque visions’ (σεσηρόσι μειδιήμασι καὶ ἀλλοκότοισι φαντάσμασιν). On the whole, there is a sense in which excessive cheer is as pathological as grief.

Discussion of laughter as detached from plausible reasons for merriment is also found at *Probl.* 35.6 (Mayhew II.396.14–15 = 965a14–15). Here laughter is compared to tickling, both being easily caused by unexpected or unnoticed stimulations, as ‘laughter is a kind of derangement and deceit’ (ἔστι δ’ ὁ γέλως παρακοπή τις καὶ ἀπάτη), a loss of control over one’s reactions to stimuli.

Laughter as affection contrary to a norm also appears outside the medical context. Consider the case of insane possession, accompanied by hallucination and violence, of Ajax as he slaughters the herds of the Greeks, which he confuses for his enemies, at *Soph. Ajax* 301–4:

At last, he darted through the doors and rapped out words
addressed to some shadow, denouncing now the sons of Atreus,
now Odysseus, laughing loudly
at the thought of what violence he had inflicted in his raid.

τέλος δ’ ἀπᾶξας διὰ θυρῶν σκιᾶν τινι
λόγους ἀνέσπα, τοὺς μὲν Ἀτρειδῶν κάτα,
τοὺς δ’ ἄμφ’ Ὀδυσσεῖ, συντιθεὶς γέλων πολύν,
ὅσῃν κατ’ αὐτῶν ὕβριν ἐκτείσαιτ’ ἰών·

Compare once more and even more significantly the Homeric representation of wild laughter in the possessed suitors at *Od.* 20.345–9:⁷⁶

... among the suitors Pallas Athena
roused unquenchable laughter, and turned their wits awry.
And now they laughed with alien lips,

... and their eyes were filled
with tears and their spirits set on wailing.⁷⁷

... μνηστῆρσι δὲ Παλλὰς Ἀθήνη
ἄσβεστον γέλω ὥρσε, παρέπλαγξεν δὲ νόημα.
οἱ δ’ ἤδη γναθμοῖσι γελῶων ἀλλοτρίοισιν
... ὅσσε δ’ ἄρα σφέων
δακρυόφιν πίμπλαντο, γόον δ’ ὠῖετο θυμός.

⁷⁶ Halliwell (1991); (2008) 86–97.

⁷⁷ See also *Od.* 21.376–7 for ‘inappropriate mirth and lightness of heart’ (Rutherford 1992, 232) reacting to Telemachus before their death as characteristic of the suitors’ folly (οἱ δ’ ἄρα πάντες ἐπ’ αὐτῷ ἡδὺ γέλασαν).

There is a clear sense of two extremes of mood, the low and the high – alien laughter and tears – as both potentially pathological (and here coexisting) expressions of the mind being struck (παρέπλαγξεν ... νόημα). Arguing from a similar distinction, *Aph.* 6.53 (458.10–11 Magd. = 4.576.13–14 L.) also notes that ‘derangement with laughter is milder; the one with serious temper, more severe’ (αἱ παραφροσύναι αἱ μὲν μετὰ γέλωτος γινόμεναι ἀσφαλέστεραι· αἱ δὲ μετὰ σπουδῆς ἐπισφαλέστεραι). We have already noted the distinction of mood at *Morb. Sacr.* 15 (27.7–10 Jouanna = 6.388.13–16 L.) between bilious and phlegmatic patients,⁷⁸ two portrayals in which a ‘slow’ and a ‘fast’ mood, respectively, emerge: the phlegmatic suffer from distress and anguish, ἀνιάται δὲ καὶ ἀσῶται, while the bilious have distressing attacks with night shouting (βοᾷ καὶ κέκραγεν, *Morb. Sacr.* 15, 28.4 and 8, Jouanna = 6.388.21–2, 24 L.). This is the only instance in which an opposition of low and high, slow and fast is sketched out so clearly; if a ‘manic depressive, bipolar’ interpretation (as before, in the case of Parmeniscus) would be forced,⁷⁹ it is nonetheless clear that both extremes were seen as important to understanding the pathology and its development, and were integrated into medical theory and practice. A similar bipolar suggestion could be found in the insane maidens of *Virg.* 3 (24.5–8 Lami = 8.468.13–17 L.), whose suffering can present itself as derangement of a heightened, imaginative and pressing kind, urging the woman’s mind to evil actions, or as one unaccompanied by visions (ὁκότε δὲ ἄνευ φαντασμάτων), in which a pathological inability to take any pleasure (ἡδονὴν ἀφεῖσα) lures the woman to passionately yearn for death (ἔρῃ τοῦ θανάτου ὥσπερ τινὸς ἀγαθοῦ).

The idea that certain forms of derangement, especially those associated with visions, might produce pleasurable entertainment of a deviant kind is developed in a more evident way in a difficult passage from Aristotle’s *Protrepticus* (fr. 98 Düring): ‘and so it is fully clear that no one would choose a life in which he could have the greatest substance and power allowed to man, but be at the same time out of his mind and prey to *mania* (ἐξεστηκώς μέντοι τοῦ φρονεῖν καὶ μαινόμενος), not even if he could enjoy the delight of the most intense pleasures, as it is for some of the deranged (ὥσπερ ἔνιοι τῶν παραφρονούντων διάγουσιν). And so mental impairment, as is clear, is repulsive to everyone (οὐκοῦν ἀφροσύνην, ὥς ἔοικε, μάλιστα πάντες φεύγουσιν).’ What are these pleasures (worthless, for

⁷⁸ See above, p. 57.

⁷⁹ Cf. Jouanna (2013) for an assessment of ‘two opposing kind of madness’ (101) in this passage and other Hippocratic and medical and philosophical texts.

the philosopher) that the insane might enjoy? Two passages in Aristotle's *On Marvellous Things* may offer an idea: at *Mirab.* 31 (832b17–21), a man in Abydos is mentioned who would sit in the empty theatre for many days and enjoy the acting (λέγεται δέ τινα ἐν Ἀβύδῳ παρακόψαντα τῇ διανοίᾳ καὶ εἰς τὸ θέατρον ἐρχόμενον ἐπὶ πολλὰς ἡμέρας θεωρεῖν, ὡς ὑποκρινομένων τινῶν, καὶ ἐπισημαίνεσθαι); once recovered, he remembered the experience yearningly as the most pleasurable time of his life (καὶ ὡς κατέστη τῆς παρακοπῆς, ἔφησεν ἐκεῖνον αὐτῷ τὸν χρόνον ἥδιστα βεβιωσθαι). The second is offered at *Mirab.* 178 (847b7–10), where a similar claim is made by a deranged patient after recovery.⁸⁰

Finally, in association with low mood, we should mention the powerlessness and helplessness the patient may at times sink into, typically conveyed by the words ἀπορίη and ἀκράσιη. The positive variety of such states of relaxation and disengagement is 'peace/quiet' (ἡσυχίη), usually a feature of recovery. ἀπορίη can be interpreted as helplessness, a lack of resources on the part of the patient, but also express itself with the signs of restlessness and anxiety, as at *Vet. Med.* 19 (144.19–145.1 Jouanna = 1.618.13–14 L.), where acid reflux can cause 'derangement, gnawing of the stomach and of the chest, and *aporia*' (οἷα λύσσαι καὶ δῆξιες σπλάγχχνων καὶ θώρηκος καὶ ἀπορίη). Usage in the *Epidemics* also keeps these possibilities open. We should note, however, that ἀπορίη is regularly associated in texts otherwise very different from one another with tossing about and 'powerlessness' (ἀδυναμία), bringing together elements apparently in open contradiction. Thus at *Epid.* 3.1, case 8 (221.18 Kühlewein = 3.56.8 L.), 'much tossing about, *aporia*' (πουλὺς βληστρισμός· ἀπορίη); at *Epid.* 5.43 (21.15 Jouanna = 5.232.20 L.), the same combination, ἀπορίη καὶ ῥιπτασμός. So too in nosological texts: at *Morb.* 3.15 (82.23–4 Potter = 7.136.13 L.), ἀπορίη, καὶ ἀδυναμία is seen with acute fevers in combination with disquietude and restlessness (ῥιπτασμός); at *Dieb. Judic.* 10 (8.11–12 Preiser = 9.306.1–2 L.), ἀπορίη καὶ ἀδυναμία καὶ ῥιπτασμός ἔχει. These associations suggest that the term could indicate restlessness and anxiety (rather than weakness, as it is sometimes translated).⁸¹

⁸⁰ 'They say that Demaratus, a disciple of Timaeus the Locrian, fell ill, and became dumb for ten days; on the eleventh, after slowly recovering from his affliction, he said that that time had been the happiest period of his life (ἀνανήψας βραδέως ἐκ τῆς παρακοπῆς ἔφησεν ἐκεῖνον τὸν χρόνον ἥδιστα αὐτῷ βεβιωσθαι).' See Ahonen (2014) 79 on these episodes.

⁸¹ ἀκράσιη is similar to ἀπορίη, but is more clearly connected to control of the body. It can also indicate a lack of control over one's drives (as at *Hum.* 9 = 5.498.15 L. = Overwien 168.3), where 'intemperance with food or drink' (ἀκράσιη ποτῶν καὶ βρωμάτων) belongs to the soul (ψυχῆς), but it mostly indicates control over one's limbs (τῶν χειρῶν ἀκράσιη) at *Mul.* 2.110 (8.234.20 L.), or one's body, typically (τοῦ σώματος ἀκράσιη, e.g. *Morb.* 3.3, 72.13–14 Potter = 7.120.21 L.).

Lack of ἡσυχίη belongs here as well – lack of calm, peace and comfort, not only mental but in the state of the patient overall, as in the servant of Conon, discussed at *Epid.* 5.85 (39.5–6 Jouanna = 5.252.8 L.): ‘crying, much weeping, seldom quiet’ (βοή, κλαυθμοὶ πολλοί· ὀλιγάκις ἡσυχίη). At *Coac.* 476 (222.8–10 Potter = 5.690.12–13 L.), this ‘lack of peace’ (αἱ σιγῶσαι ἐκστάσεις, οὐχ ἡσυχάζουσιν) is part of a series of severe signs of derangement, fatal in kind. The opposition of ἡσυχίη and trouble is also clear in the cases of the wife of Hermoptolemus (*Epid.* 7.11, 60.4–7 Jouanna = 5.384.11–13 L.), who ‘was calm again ... she kept alternating frequently between uproar and calm’ (εἶτα πάλιν ἡσυχίην τε εἶχε ... μετέβαλλε δὲ ἐς ἀμφοτέρα, θόρυβόν τε καὶ ἡσυχίην), and the wife of Theodorus, at *Epid.* 7.25 (67.10–11 Jouanna = 5.396.10 L.), who after a bout of aggressiveness ‘was silent again and turned calm’ (πάλιν ἐσιώπησε καὶ ἐς ἡσυχίην μετέβαλε). ἡσυχίη, finally, can also characterise a type of quiet derangement, a mode of character, so to speak: at *Epid.* 3.17, case 16 (245.2–3 Kühlewein = 3.146.15–148.1 L.), a patient is described as deranged but without restlessness, in a calm and orderly way (παρέκρουσεν ἀτρεμέως, ἦν δὲ κόσμιός τε καὶ σιγῶν).

5.1.7 Hope

The word ἐλπίς notoriously expresses not only an optimistic emotion and the longing for a better future, but also expectation and learned judgement regarding the outcome of a situation, neutral in kind. This connotation is fundamental in our testimony: the objective hope of the physician, a product of a rational reckoning of chances of improvement or even survival,⁸² a form of foretelling (e.g. *Prog.* 7, 18.3 Jouanna = 2.126.6 L., μανῆναι ... ἐλπίς; *Prorrh.* 1.38, 79.12 Pollack = 5.520.5 L., ἐλπίς ἐκστῆναι). ἐλπίς as reckoning has to do with a decision as to the possibility or not of treating certain severe cases, as clearly expressed at *Art.* 3.2 (226.15–16 Jouanna = 6.4.18–6.1 L.), where it is said that doctors should ‘not treat those who are overpowered by disease’, i.e. hopeless cases (τοῖσι κεκρατημένοισιν ὑπὸ τῶν νοσημάτων) and in other similar passages.⁸³

If one looks for hope in precisely this sense – the hope felt by the patient, the feeling of a possibility of improvement and return to normality – our

⁸² As such, part of the Hippocratic ‘intellectual vocabulary’, on which see Perilli (1994) 69–70.

⁸³ On the questions raised by such statements, see Wittern (1979); von Staden (1990) on the presence in the Hippocratic texts of languages of both gradualism and dichotomy as far as curability and incurability are concerned, varying from text to text (75–82); Rosen and Horstmannshoff (2003) 99–104 on the same topic in a general discussion of the ἀνδρεία that must sustain the physician in his battle against disease (on this *agon*, see also von Staden 1990, 97–9).

texts again appear to expressly distance themselves from engaging with this aspect of patienthood.⁸⁴

Only much later are there medical testimonies for including hope in the therapeutic and clinical picture. The late deontological treatise *Decorum* clearly specifies that the patient should be spared explicit verdicts of inescapable death, for instance, as this can be pathogenic (and perhaps also, we might imagine, out of compassion): ‘without ever revealing anything of the patient’s future or present condition. For many patients from this cause have taken a turn for the worse, I mean by the declaration I have mentioned of what is present, or by a forecast of what is to come’ (πολλοὶ γὰρ δι’ αἰτίην ταύτην ἐφ’ ἕτερα ἀπεώσθησαν διὰ τὴν πρόρρησιν τὴν προειρημένην τῶν ἐνεστῶτων ἢ ἐπεσομένων, *Decent.* 16, 29.17–19 Heiberg = 9.242.5–8 L.).⁸⁵ Another approximately coeval text, *Praec.* 9 (33.18–23 Heiberg = 9.264.9–14 L.), declares the essence of the medical art, οὐσίη τῆς τέχνης, to be the fact that the physician ‘does not refrain from exhortations, urging his patients not to suffer any worry in their mind (κελεύων τοῖσι νοσέουσι μηδὲν ὀχλεῖσθαι κατὰ διάνοιαν) in their eagerness to reach the point of recovery ... for left to their own devices patients give up on themselves on account of their painful conditions and depart life (διὰ τὴν ἀλγεινὴν διάθεσιν ἀπαυδέοντες ἑωυτοὺς [τε] μεταλλάσσουσι τῆς ζωῆς)’.⁸⁶ There are forms of anxiety and despair (ὀχλεῖσθαι and ἀπαυδεῖν) that can lead to death and to which the physician can and should apply his skill.

If addressing and fostering the patient’s hope is considered important in these later texts, the work of philosophers displays from early on an important protreptic, soothing dimension. Comforting and inspiring strength, restoring courage to the patient and similar procedures of a humane kind, on the other hand, are absent from our sources,⁸⁷

⁸⁴ A unique glimpse into the emotions of the physician as he responds to the suffering of others is offered in the opening of *Flat.* 1 (102.2 Jouanna = 6.90.3 L.), where the medical art is described as one of those that are ἐπίπονοι, ‘painful’, for the practitioner, while bringing great advantage to the receivers. The physician ‘sees terrible sights, touches unpleasant things and gains a harvest of personal sorrows from the misfortunes of others’ (ὁ μὲν γὰρ ἱητρός ὁρεῖ τε δεινά, θιγγάνει τε ἀηδέων, ἐπ’ ἄλλοτρήσῃ τε ξυμφορῇσιν ἰδίας καρποῦται λύπας, 102.5–103.2 Jouanna = 6.90.5–7 L.).

⁸⁵ See Horstmannshoff (1999a) 1 and 22–3 on hope and fear as important agents in the experience of disease and therapy (and relevant to the interpretation of historical information).

⁸⁶ I thank Giulia Ecce for pointing out this reference to me.

⁸⁷ Only *Regimen* offers a hint at a psychotherapeutic dimension: see *Vict.* 2.61 (184.14–15 Joly-Byl = 6.576.4–5 L.), where it is said that certain ‘exercises of the voice’ can ‘move the soul’, and especially *Vict.* 2.89 (222.28–30 Joly-Byl = 6.648.19–650.2 L.), a unique passage (on which, see Entralgo 1970, 341–2; Gundert 2000, 25 n. 69; Bartoš 2015, 200, whom I thank for the reference) in which the following therapy is prescribed in cases of ‘trouble of the soul’ (τάραξις ψυχῆς): ‘to turn the soul

in which no form of care resembling psychotherapy is contemplated.⁸⁸ Perhaps the only case in which a hint of a medicalisation of hopelessness can be found is *Prorrh.* 1.8 (75.14–76.1 Polack = 5.512.4–6 L.), where we read that ‘the forms of derangement in those who let themselves go [or, give up on themselves] are most harmful, as in someone who is [too] passionate’ (αἱ προαπαυδησάντων παραφροσύναι κάκιστα, οἷον καὶ θρασύνονται).⁸⁹ προαπαυδάω, a compound of ἀπαυδάω found earlier in the *Praeceptiones* passage, can be interpreted as a form of ‘fainting, languishing’ *in advance*, in anticipation of the outcome of the disease, as opposed to θρασύνω, ‘be bold’ or ‘be excited’. In this way, a dangerous mental pathology would be associated with the projection of bodily decline and loss of strength.

Apart from this case, however, in our texts the emotions created by positive or negative expectations about the future are considered signs like any other. The case of the maiden at *Epid.* 3.1, case 6 (221.1–2 Kühlewein = 3.52.7–8 L.), for example, begins with fever and a display of mental disturbance, as well as various physiological signs. At the end, the patient ‘felt hopeless about herself’ (ἀνελπίστως ἐωυτῆς εἶχεν). This information, accompanied by other items of a depressive kind (σιγῶσα, οὐδὲν διελέγετο· δυσθυμία, ‘she kept silent, did not speak to others; low mood’), casts despair as a sign within a physiological whole, which is neither thematised nor acted upon.

Hope is a particularly central case, as this emotion, together with fear, is perhaps the most characteristic of the state of the ill: the projection of the future in time of danger, and its emotional impact. It is thus one of the most striking absences from our texts. I explore elsewhere⁹⁰ how hope interlaced with medical ideas and practices, on the contrary, is made a visible part of medicine as taught skill in the pseudo-Aeschylean *PV*, suggesting that this emotion must have been fundamental to the classical Greek experience of being a patient and a doctor, but one the

to the contemplation of amusing matters, if possible, and if not, whatever one will get the most pleasure out of watching’ (τὴν ψυχὴν τραπέσθαι πρὸς θεωρίας, μάλιστα μὲν πρὸς τὰς γελοίας, εἰ δὲ μή, ὅ τι μάλιστα ἡσθήσεται θεσάμενος). Occupational therapies become standard for mental distress in later medicine (see Gill *in press*); Galen (*San. Tu.* 1.8.19–21, 20.13–18 Koch = VI.41–2 K.) remarks that ‘our ancestral god Asclepius ... prescribed for many patients [in emotional distress] to whom the motion of intense passions, having become more intense, had made the mixture of the body warmer than it should, to have odes written for them, as well as to compose mimes and certain kinds of song’ (my translation). The Hippocratic sources we have, however, offer no testimony regarding such a tradition in early medicine.

⁸⁸ Entralgo (1970) 159–72 on the lack of a ‘therapy of the word’ in these texts.

⁸⁹ Smith (1994) 267 *ad loc.*; see Manetti-Roselli (1982) 174–5 *ad loc.*

⁹⁰ Thumiger (2016b).

Hippocratic physicians nonetheless curb and rephrase as rational reckoning in their writings. In the play, Prometheus specifies that his (technically medical) offerings to humanity included an additional gift (*PV* 248–51):

PR. I put a stop to mortals foreseeing their death.

CH. And which *medicine* did you find for this *disease*?

PR. I planted *blind hopes* in them.

CH. This is a great benefit you have given mortals.

πρ. θνητούς γ' ἔπαυσα μή προδέρκεσθαι μόρον.

χο. τὸ ποῖον εὐρών τῆσδε φάρμακον νόσου;

πρ. τυφλὰς ἐν αὐτοῖς ἐλπίδας κατώκισα.

χο. μέγ' ὠφέλημα τοῦτ' ἐδωρήσω βροτοῖς.

This play, whether Aeschylean (from the 460s or 450s BCE) or a later sophistic product (as late as the 420s), is pervaded by the association of medicine with the topic of knowledge and control of one's future, with the manipulation of hope and fear that comes with it. At the centre of the action is the ambiguous figure of Prometheus, *both* master of 'arts', τέχνηαι, fire bearer and challenger of Zeus, *and* vulnerable victim, a hopeless, suffering patient. Technical skill and intense emotions are not opposed but insistently associated. This literary testimony for the experience of patienthood shows a different side of the story from the Hippocratic account, and should not be dismissed as poetic emphasis. A complementary testimony and one unmediated by literary conventions, as *PV* might be, is offered by the *iamata* of Epidauros, the votives offered by patients visiting the god to beg for health. These texts stand out for their heightened rhetoric of hope and despair, as analysed by Martzavou,⁹¹ showing even more the peculiarity of our texts in their reticence to show compassion and engage with emotional distress as personal experience.

The force of hope and fear for medicalised states does not need to be advocated for, since it is as immediately understood by human beings today as it was twenty-five centuries ago. The prevalence in our texts of ἐλπίς as purely rational reckoning or pragmatic calculation of survival chances, a fundamentally professional move, and the disengagement from hope and despair as subjective emotions, are part of a constructive move that places the physician in a position alternative to more emotional and personalised forms of healing.⁹²

⁹¹ Martzavou (2012).

⁹² See Holmes (2013) on 'disembodied authority' and the detachment of the Hippocratic physician.

5.1.8 *Eros*

A similar and even more striking case of omission is that of the erotic emotion,⁹³ which is completely absent from our texts if we exclude the accounts of the material physiology of sexual activity (both in the description of male mechanisms of arousal and intercourse, and in the female need for intercourse to preserve health) and the pathological effects of excessive sexual activities in males, as amply testified to by the *Epidemics*.⁹⁴ The ancients had long constructed erotic love as an emotional force of exceptional power affecting human bodily processes and overall health. The archetype of erotic affection in Western poetry, Sappho fr. 31.5–16 Voigt, discussed earlier, describes the effects on the lover's body of the sight of the beloved with an extraordinary wealth of physiological detail, with several parallels in the medical literature. The analyses of the fragment by Ferrari and an earlier study by Di Benedetto interpret in detail this representation of erotic love as pathography, a self-description of the individual enduring mental and physical pain.⁹⁵ Ferrari even offers a retrospective diagnosis in the direction of the 'panic disorder' recognised by current mental classifications as a subtype of anxiety disorder.⁹⁶ Regardless of one's response to these retrospective moves, the importance of the bodily element in the pathological effect of the emotion in the poem is striking and unmistakable. I have offered a medical parallel to this 'scanning' of the lover's body in [Chapter 2](#): all signs described feature in the catalogue of mental manifestations in our texts. Moreover, Eros (both the god and the emotion), described as λυσιμελής by Sappho and Hesiod,⁹⁷ is traditionally afforded a rich repertoire of bodily effects. Nonetheless, among the mentally distressed patients of the *Epidemics* erotic love is never mentioned as

⁹³ See King (2011) 123–4 for a survey of the topic of love in ancient medicine; McNamara (2016) on medical approaches to love, also noting the Hippocratics' 'curious lack of any explicit discussion of lovesickness' (308; cf. also 322–5).

⁹⁴ See [Chapter 3](#), p. 239. A single reference is found at *Probl.* 30.1, 954a32–4 (Mayhew II.286.32–4), in the discussion of melancholy and the effects of black bile (where sexual drive rather than the emotion seems to be involved): 'whereas those in whom [black bile] is particularly abundant and hot become mad, clever, erotic, and easily moved to spiritedness and desire, and some also become more talkative' (ῥοις δὲ λίαν πολλή καὶ θερμή, μανικοὶ καὶ εὐφρεῖς καὶ ἐρωτικοὶ καὶ εὐκίνητοι πρὸς τοὺς θυμούς καὶ τὰς ἐπιθυμίας, ἔνιοι δὲ καὶ ἀλοι μάλλον). Cf. on the topic Toohey (1992), who underlines the discovery of 'lovesickness' (as well as of 'literary depression') late in antiquity, 'perhaps during the first century after Christ' (266).

⁹⁵ See p. 129 with n. III.

⁹⁶ Classified today as 'Panic Disorder' (DSM-V, 300.01, 2013, 208–17).

⁹⁷ See again discussion in [Chapter 2](#), pp. 130–31. Note also Sapph. fr. 130.1 Voigt; Hes. *Theog.* 120–1; Archil. fr. 196.1 West ὁ λυσιμελής ... πόθος.

a possible cause, and it is most notably absent as an aggravating element of an emotional kind, while sexual incontinence is well documented.

The specificity of this avoidance, which I would compare to the case of hope, suggests once again a desire to mark the professional territory off from private and irrational themes, and to avoid engaging with experiences loaded with personal appeal in traditional artistic representations. The presence of a clear strategy is corroborated by comparison with the discussions by Greek physicians of a later age,⁹⁸ who instead offer explicit consideration of erotic emotions as an element of pathology. In his discussion of *melancholia* at *De Causis et Signis Diut. Morb.* 3.5 (41.6–11 Hude), Aretaeus mentions a seemingly melancholic patient whom no physician could help improve, but who was ‘cured by love’ (and initially also made sick by love): ὁ ἔρωζ μιν ἰήσατο. According to Aretaeus, the boy was not authentically melancholic, but was in love from the start.⁹⁹ Here δυσθυμία, ὀργή and λύπη can be caused by an unfulfilled or repressed erotic emotion as much as by a physiological disease, although differing in cure as much as they do in aetiology, and ‘triumphant joy’, χάρμη, is the mark of its recovery. Conversely, falling in love is reported as an (erroneous) prescription against insanity by some doctors, *alii*, as criticised by Caelius Aurelianus (*Diut. Morb.* 1.5.176–7 = 534.24–6 Bendz): ‘but others say that one should provide erotic occasions to the mad, as the tension of the mind shaken by madness is thus cleansed of its harshness, not grasping the central truth, that for many love itself was the cause of madness’ (*alii vero amorem furentibus aiunt procurandum, quo mentis intentio conversa furoris asperitate purgetur, non intuentes nudissimam veritatem, quod plerisque furoris amor fuerit causa*). It is clear that the emotions are understood to be an important part of the individual’s mental life, whether conducive to health or to disease. Eros as a pathologically active emotion is also discussed by Galen on more than one occasion, most to the point in the anecdote of Erasistratus’ healing of the son of Antiochus I and in the recollection of his own diagnosis of Justus’ wife’s ‘lovesickness’.¹⁰⁰ Galen’s

⁹⁸ See Mazzini (1990) for an exploration of the ‘*folia da amore*’ in ancient literatures, medical and non-medical, and Mazzini (2012) on late antique medicine and literature; Clark (1993) 255–7 for lovesickness in later medical authors; Toohey (1992) 269–75.

⁹⁹ ‘But I think that he was originally in love, and that he was dejected and spiritless from being unsuccessful with the girl, and appeared to the common people as melancholic. He then did not know that he was in love; but when he imparted the love to the girl, he ceased from this dejection, and dispelled his passion and sorrow; and with joy he awoke from his lowness of spirits, and he became restored to understanding, love being his physician.’

¹⁰⁰ See Mattern (2008) 38–9, (2015) 211–12 on these episodes and on eros as associated with anxiety in Galen, on Erasistratus *Hipp. Prog.* 1.4 (206–7 Heeg = XVIIIb.18–19 K.); *Prog.* 6 (100–4

explicit if passing claim in this respect, at *Comm. Hipp. Prog.* 1.4 (206.15–16 Heeg = XVIIIb.18 K.), that ‘neither *epilepsis* nor love are divine [diseases]’ (μήτε οὖν τὴν ἐπιληψίαν οἰώμεθα θεῖον εἶναι νόσημα μήτε τὸν ἔρωτα), shows clearly that he sees pathological erotic emotions as medical territory to claim for the realm of natural processes as opposed to superstitious supernatural explanations.

The authors in focus here, by contrast, ignore this topic (and the poetic tradition that recalls it) altogether. When Plato at *Symp.* 186c–d stages the Hippocratic physician Eryximachus and makes him argue for a medical interpretation of eros, by presenting medicine as ‘knowledge of the love matters of the body in regard to repletion and evacuation’ (186c ἔστι γὰρ ἰατρικὴ ... ἐπιστήμη τῶν τοῦ σώματος ἐρωτικῶν πρὸς πλησμονὴν καὶ κένωσιν), he couches the doctor’s technical concern with eros in a cosmologic view of it as a principle pervading the universe and governing everything, including human physiology¹⁰¹ – thus dissociating it from the clinical experiences under discussion here, to which later physicians turn their attention with regard to erotic affections. When Eryximachus does address eros as personal clinical experience, by stating that ‘the master physician is he who can distinguish between the nobler and the baser Loves, and can affect such alteration that the one passion is replaced by the other; and he will be deemed a good practitioner who is expert in producing love where it ought to flourish but is absent, and in removing it from where it should not be’ (186c7–d5, καὶ ὁ διαγιγνώσκων ἐν τούτοις τὸν καλὸν τε καὶ αἰσχρὸν ἔρωτα, οὗτός ἐστιν ὁ ἰατρικώτατος, καὶ ὁ μεταβάλλειν ποιῶν, ὥστε ἀντὶ τοῦ ἐτέρου ἔρωτος τὸν ἕτερον κτᾶσθαι, καὶ οἷς μὴ ἔνεστιν ἔρωτος, δεῖ δ’ ἐγγενέσθαι, ἐπιστάμενος ἐμποιῆσαι καὶ ἐνόντα ἐξελεῖν, ἀγαθὸς ἂν εἴη δημιουργός), he departs entirely from the testimony we have, not only by addressing the emotion medically but most of all by depicting a ‘psychotherapeutic’ physician entirely at odds with Hippocratic medicine.¹⁰²

Nutton = XIV.630–1 K. and XIV.634–5 K.); on Justus’ wife in *Prog.* 5 (94.20–4 Nutton = XIV.625–6 K.); 7 (Nutton 100.7–102.28 = XIV.630–3 K.); 13 (139.10–12 Nutton = XIV.669 K.) *Comm. Hipp. Epid. II* (208 Wenkebach and Pfaff); *Comm. Hipp. Prog.* 1.8 (218.15–219.5 Heeg = XVIIIb.40 K.). On the physiology of eros in Galen, see also Rosen (2010).

¹⁰¹ See Levin (2014) 81–2 on this cosmological aspect.

¹⁰² Eryximachus has been interpreted by scholars as a caricatured pedant; on his status in the dialogue, see however Edelstein (1945), who argues for the importance of his celebration of medicine in the *Symposium*; Keuls (1995) 271, Craik (2001b) 109–11 and Kosak (2004) 28; Demont (2016) 74–7 on the figure and his doctrine. Regardless of the critical evaluations of the role played by this figure in the dialogue, the clinical aspects of eros that Eryximachus illustrates find no place in Hippocratic

5.2 Behaviours, Relationships, Ethos

5.2.1 Relationships, Communication and Mental Suffering

If the flagrant absence of references to erotic love in our material calls for explanation, recognition is offered of affection for family and friends as part of a clinical picture. Relationships are sometimes hinted at as a cause of distress or aggravating element, and more generally the presence of bystanders and kin is often reported on in the patient cases of the *Epidemics*. These are a source of information about the individual's present and past state, and – we can assume – such persons are the main caregivers for the ill and instrumental in tracing the previous patient history and in the therapeutic process as a consequence. In some cases, attention seems to fall specifically on such relational aspects. At *Epid.* 7.25 (67.9–10 Jouanna = 5.396.9–10 L.), for example, the wife of Theodorus is reported to ‘threaten her child irrationally’¹⁰³ (τῷ παιδὶ παραλόγως ἠπειλήσεν), a behaviour followed by a pathological silence and framed within a larger picture of mental disturbance. Along similar lines, the physicians observe the inability or refusal to relate to others, and general avoidance of contact with those around. We have analysed silence and a refusal to talk in its various forms and degrees in [Chapter 2](#); misanthropy and isolation more broadly are also known features.¹⁰⁴ The disease φροντίς (‘anxiety, worry’) at *Morb.* 2.72, already mentioned (211.16–18 Jouanna = 7.110.1–2 L.), involves the behavioural sign of avoidance accompanied by other mental facts: ‘he flees from the light and people’; the pathological element is precisely misanthropy and seclusion. The point is developed in the later *Hebd.* 51.84–9 (76.84–89 Roscher = 8.670.15–17 L.),¹⁰⁵ where such behaviour is a very negative indicator: ‘[the patient] who is dizzy and turns away, pleased with quiet and oppressed by deep sleep and coma, is past hope’ (σκοτοδινῶν καὶ ἀνθρώπους ἀποστρεφόμενος τῇ τε ἡρεμίᾳ ἡδόμενος καὶ ὕπνῳ καὶ καύματι πολλῷ κατεχόμενος ἀνέλπιστος). The context is one of mental disturbance, as the passage clearly moves on to express, so that not only misanthropy (ἀνθρώπους ἀποστρεφόμενος) but also the fact that ‘he enjoys remaining quiet, isolated’ (τῇ ... ἡρεμίᾳ ἡδόμενος) appear pathological.

practice as we know it. Rosen (2010) 113–14, moreover, notes Galen's surprising avoidance of this passage in his extensive engagement with Plato, which can be seen as confirming its ideological incongruence.

¹⁰³ ὁ παῖς is in this case more likely to be her child than the slave, as the mishandling of him is seen as pathological.

¹⁰⁴ On the topics of isolation, loneliness and insanity, see Padel (1995) 117, 136.

¹⁰⁵ On the date of this text, see p. 402 n. 169 above.

The disease described at *Int.Aff.* 48 (232.10–13 Potter = L. 7.286.14–16), characterised by hallucinations and fears, is described as occurring in particular during travel, when a person finds himself away from home or on a solitary road: (μάλιστα ἐν ἀλλοδημίῃ, καὶ ἥν που ἐρήμην ὁδὸν βαδίζει καὶ φόβος αὐτὸν λάβη).¹⁰⁶ A particular kind of mental pathology, it is suggested, can hit as the individual is removed from his context, human and geographical. The health risks posed by travelling were recognised by the ancients and received specific instructions; this is an understandable point of environmental medicine, but perhaps also implies psychological considerations.¹⁰⁷

There is also another kind of isolation, different from the one determined by the inclinations of the patient: the segregating and prosecutory treatment that individuals must have received in ancient Greek culture and society if they were judged mad. Vaughan offers a survey of the literary evidence from Greek antiquity on this aspect, among which passages *Ar. Aves* 524–5 is representative:¹⁰⁸ ‘now they throw stones at you *as one does at mad people*’ (ὥσπερ δ’ ἤδη τοὺς μαινομένους | βάλλουσ’ ὑμᾶς).¹⁰⁹ The socio-historical reality behind such expressions is impossible to pin down, but we can reasonably expect that isolation and disrupted relations were visible parts of the experience of insanity in the ancient world as much as they are today.¹¹⁰

¹⁰⁶ On this passage, see also Di Benedetto (1986) 40, who comments on the possible emotional impact of ‘being away’ (*allodemiē*) in the ancient world.

¹⁰⁷ The element of travel is also found at *Epid.* 6.6.4 (126.5 Manetti–Roselli = 5.324.7 L.), where a patient is described as having, ‘from fatigue from a journey: weakness and heaviness’ (ἐκ κόπων ἐξ ὁδοῦ, ἀδυναμίη καὶ βάρος). At *Prorrh.* 2.1 and 2 (218.16–17 and 220.19–20 Potter = 9.6.13–14 and 9.8.12 L.), a prognosis of *mania* and death is mentioned for the specific cases of ‘merchants and adventurers’ (ὠνεομένοισι τε καὶ διαπρησσομένοισι) and ‘buyers and sellers’ (ὠνεομένοισι τε καὶ περναμένοισι) – which I take as references to travelling professions, although other possibilities might be contemplated. See also Diocles fr. 184 van der Eijk, where a specific regime is conceived for travellers. Change is always bad, or at least risky: see *Hum.* 9 (168.5 Overwien = 5.488.17 L.) on change (with Pigeaud 1981/2006, 43) and *Aer.* 16 (228.6–7 Jouanna = 2.64.3–4 L.), αἱ μεταβολαὶ are always ἐγείρουσαι τὴν γνώμην, ‘stirring for the mind’. See Horden (2005) on ‘travel sickness’ in the ancient Mediterranean.

¹⁰⁸ Vaughan (1919) 37–45. See also 39 for the mad being made an object of laughter, quoting Plat. *Euthyphr.* 3b–c, ‘whenever I say something ... they laugh at me as if I were mad’ (ἐμοῦ γὰρ τοι, ὅταν τι λέγω ... καταγελῶσιν ὡς μαινομένου). See Laes (2008) 112–16 on attitudes of mockery and aggression towards disability in the ancient world more generally.

¹⁰⁹ Little is known about the legal status of the insane. Vaughan (1919) Chapter 6 surveys the main sources; see also Dillon (2016) 171 on ancient Greece, Francis (in press).

¹¹⁰ See also *Leges* 934c for the recommendation to keep the mad hidden from society. Padel (1995) 100–2 offers an anthropological perspective on stones and the practice of stoning the ill and insane in Greek antiquity, 154–5 on the association of shame, derived from social stigma, and madness. She quotes Plat. *Phaedr.* 244b 7, ‘also among the ancients there were some who ... did *not* regard *mania* as something bad or shameful’ (καὶ τῶν παλαιῶν οἱ ... οὐκ αἰσχρὸν ἡγούντο οὐδὲ δνειδος μανίαν), which implies a widespread contrary view. See also Beta (1999) 141 on *HF* 1004–6,

Failure to communicate as pathological is one aspect of isolation.¹¹¹ A refusal to answer questions and establish contact, however, has relational and emotional relevance beyond the problem posed by disruption in the dialogue with the physician, and is best accommodated by the term *σιγή*. Consider *Morb.* 2.21 (155.12–13 Jouanna = 7.36.3 L.), a description of a man who is affected by sudden headache and ‘if someone called him or tried to move him, he groaned’ (ἀφωνίη: ἤν τις αὐτὸν καλῇ ἢ κινήσῃ, στενάζει). The patient barely reacts to contact; the problematic aspect is precisely his refusal to engage with others. Likewise at *Epid.* 7.25 (67.15–16 Jouanna = 5.396.14–15 L.), a patient ‘towards day answered mostly by a nod’ (ἐπὶ δ’ ἡμέρην ὑπεκρίνετο τὰ πλεῖστα νεύμασιν). More clearly mental is the passage at *Acut. (spur.)* 16, a reference to patients affected by compulsive inappropriate¹¹² behaviours such as nose picking, who ‘answer briefly whatever is asked, but of their own accord say nothing sensible’ (κατὰ βραχὺ μὲν ἀποκρίνονται τὸ ἐρωτώμενον, αὐτοὶ δὲ ἀφ’ ἑωυτῶν οὐδὲν λέγουσι κατηρημένον, 75.22–4 Joly = 2.426.2–4 L.). At *Dieb. Judic.* 3 (4.15–18 Preiser = 9.300.28–30 L.), conversely, answering appropriately is a positive sign of recovery after a full attack of insanity due to bile: ‘when his derangement ceases, he immediately regains his senses; and if someone questions him, he answers appropriately and understands everything that is said’ (ὅταν δὲ παύσῃται παραφρονέων, εὐθύς ἔννοος γίνεται· καὶ ἤν ἐρωτᾷ τις αὐτόν, ὀρθῶς ἀποκρίνεται καὶ γινώσκει πάντα τὰ λεγόμενα).

These observations have to do with the socialised whole of which responsive speech is a part, but also with the verbalised expression of sound reasoning, discussed in more detail below. Contact with the outside world is in fact not exclusively verbal or logical; emotional discomfort or mental disturbance are also expressed through bodily tokens of isolation and aversion to physical or verbal interaction. The behaviours patients display towards blankets and clothes, wrapping themselves up or crouching, are telling in this sense. In addition, in some cases an explicit refusal to be touched or addressed is mentioned.¹¹³ The patient with fatal jaundice at *Morb.* 3.11 (78.24–6 Potter = 7.130.20–3 L.) cannot bear the weight of his blanket, and ‘when anyone wakes him up/tries to make him stand or talks to him,

where a stone thrown by the goddess Athena at the mad hero’s chest (στέρνον) finally causes him to fall asleep and recover, what will remain traditionally known as the λίθος σωφρονιστήρ.

¹¹¹ This aspect has already been discussed with respect to pathologies of the voice ([Chapter 2](#), pp. 116, 133); see also below pp. 388–9, ‘nonsensical speech’.

¹¹² Compare Arist. *EN* 1148b27–8 for examples of ‘acritic’ compulsions as part of mental pathology: pulling one’s hair, biting one’s nails, pica.

¹¹³ See [Chapter 4](#), pp. 324–6 on touch.

he will not tolerate it' (ὅταν ἀνιστῇ τις αὐτὸν ἢ προσδιαλέγεται, οὐκ ἀνέχεται). He displays a sort of intolerance to physical contact, it seems, rather than an inability to stand. *Int.* 35 (188.10–12 Potter = 7.252.24–5 L.) is a similar case: 'if anyone addresses him or asks him a question, he is vexed and grieved, and cannot bear to listen' (ὅταν τις αὐτὸν προσφθέγγεται ἢ ἐρωτᾷ, ὁσᾷται τε καὶ λυπεῖται, καὶ οὐκ ἀνέχεται ἀκροώμενος).

Aspects of proxemics – reactions to being touched or approached by others – also receive attention. At *Int.Aff.* 47 (228.7–9 Potter = 7.282.6–7 L.), a 'thick disease', 'when [the patient] reaches the peak of his suffering, he cannot bear being touched anywhere on his body' (καὶ ὅταν πονέῃ μάλιστα, οὐκ ἀνέχεται ψαυόμενου τοῦ σώματος).¹¹⁴ In gynaecological examples, a physiological explanation is not always given, although the comment 'she could not bear/suffer being touched (ψαυομένη)' is common: at *Mul.* 1.2 (8.16.21 L.) ψαυομένη ἀλγήσει and (8.18.22–3 L.) καὶ ψαυομένη οὐκ ἀνέχεται, and at *Mul.* 1.61 (8.124.21 L.) ἀλγεῖ ψαυομένη. At *Mul.* 2.146 (8.322.5–6 L.), in a context of pain during sexual intercourse, the woman οὐ θέλει ψάυεσθαι, οὐδ' ἔλκουσι τὴν γονήν, 'does not want to be touched, nor does she remain pregnant', which seems to reflect a more general pattern of avoidance of contact different from refusal to have intercourse.

In conclusion, excessive isolation (both communicative and in terms of bodily contact with others) is scrutinised and observed as a part of illness or as an indicator of health.

5.2.1.1 'Family Diseases'

In the context of these indications of mental disturbance in the patient's communications and relations with others, there is another notable difference between our texts and other contemporary discussions: the irrelevance of familial pathology and/or, most strikingly, of transmittable morbidity. I do not refer here to a concept of infection, but to that of diseases passing from an individual to another or shared among several people. Patients are grouped in the *Epidemics*, but this appears to be a matter of authorial organisation of similar cases or cases sharing an aetiology, with no hint of an acknowledged mechanism of contagion. Likewise, constitutions and the environmental aspects of health are discussed, but these remain concomitant circumstances, not illnesses horizontally transmitted. Although no notion of microbiological infection should be invoked to evaluate our

¹¹⁴ See also *Morb.* 2.72 (211.16–20 Jouanna = 7.110.1–4 L.), the misanthropic disease mentioned above: the patient suffers when his diaphragm is touched (ἀλγεῖ ψαυόμενος), is afraid and suffers frightening hallucinations.

texts, it is surprising that they do not observe, even if exceptionally, the mechanics of sharing (whether infective or hereditary) that must have been at times quite conspicuous.¹¹⁵

We are concerned here in particular with mental illness,¹¹⁶ and in this case as well, I suggest, our authors completely avoid a traditional theme. Greek mythology (and tragic representations of mythological material) was extremely sensitive to the idea of the persistence and lingering of malaise within communities and through time. One key narrative through which this idea is actualised is the perpetuation of curses, violence and insanity within a family line.¹¹⁷ Parallel to this on a synchronic level, the motif of pollution caused by an unclean individual within a community offers parallels to modern epidemiology.¹¹⁸ The first theme is especially evident in the great familial sagas the tragic playwrights bring to the stage: the Labdacids (Oedipus' family), the Pelopides (Agamemnon's family) and the descendants of Lycurgus, to give but three examples, are families sick with moral debasement and physical destruction (incest and kin violence; teknophagy and kin violence; homophagy and *sparagmos*, respectively).¹¹⁹ By comparison with these, the scant references in our texts are striking. Wittern's remark is again illuminating: the secularisation of insanity in the medical authors largely eliminated supernatural causation (and, we might add, as a consequence erased any metaphysical extension of an illness beyond the experience of a single individual).¹²⁰

¹¹⁵ See Hankinson (1995) 45 on this point, and note the exception of *Prorrh.* 2.2 (220.19–222.5 Potter = 9.8.11–20 L.) on hereditaryness, discussed in Chapter 1 above, pp. 61–3.

¹¹⁶ See also Hankinson (1995) on Hippocratic nosology and pathology in general, 37–65 on ideas on pollution, rightly suggesting that 'the religious background supplies an interesting analogue to the concept of infectious transmissibility' (38). On Thucydides' knowledge of medicine with respect to his description of the great plague of Athens, by contrast, see Hankinson (1995) 40–6; Craik (2001a); also Nutton (1983) on the concept of infection in ancient medicine.

¹¹⁷ See Sewell-Rutter (2007) on family curses in tragedy.

¹¹⁸ On pollution as a socio-cultural and religious category, see the classic Parker (1983), significantly excluding medicine; Hankinson (1995) 39; Jouanna (2001/2012). In a recent study, Mitchell-Boyask (2008) has extensively (if speculatively) argued for a subtext in Greek tragedy engaging with the plague as historical experience, and has explored its use of the cultural category of disease and epidemic. On the topos of the *polis nosousa*, see Kosak (2000); Thumiger (2009) on the political and ethical metaphor of disease and contagion.

¹¹⁹ The bibliography on family and disease in tragedy, especially insanity as a sign of pollution, is vast, but it suffices to think of the major sagas, those of the house of Atreus in Aeschylus' *Oresteia* or Sophocles' Theban plays. Most plays in which insanity and disease appear offer reflections on a received component of the experience (the *Oresteia*, Euripides' *Orestes* and the *Bacchae* return again and again to the seminal crimes of Tantalus and Atreus and of the Theban people, respectively) and on its impact on future generations (in Oedipus' Sophoclean plays most evidently, where the contamination Oedipus bears furthers itself in the deaths of Eteocles, Polyneikes and Antigone in turn).

¹²⁰ Wittern (1991) 6.

Outside of poetic representations, the idea that mental suffering may affect a super-individual entity (a family, for example, or a community) is offered by Democritus, 68 B 288 D.-K. The text evokes both the philosopher's reflections on micro-ethical themes (familial bonds, the education of children and the many pains and regrets of parenthood¹²¹) and his engagement with medical inquiry: 'there are diseases of one's house and of one's life as much as of the body' (νόσος οἴκου καὶ βίου γίνεται ὅκωπερ καὶ σκῆνους). σκῆνους for body is also used in fr. 223 D.-K., in opposition to γνώμη, and οἶκος and βίος are obviously intended in an existential, abstract sense.¹²² The possibility that illness, evidently meant here in a non-bodily sense, can attack one's life, home and family, as opposed to the individual, physiological dimension pure and simple, is clear; there are illnesses that damage not the σκῆνους, the body, but the way one conducts one's life, one's relations overall.

The elision of the ethical dimension from our texts, in conclusion, seems again to explain or qualify their lack of engagement with familial transmission and hereditariness. It suffices to contrast the explicit discussion of a hereditary mental flaw of 'corrupted desire' found in Aristotle's treatment of ἀκρασία (*EN* 1149b8–13), which is ethically framed. In a discussion of 'spiritedness' and 'being difficult' (θυμός and χολεπότης) as examples of 'natural drives' and an explanation for bad behaviour, the philosopher mentions the argument in defence of a person who is violent towards his father: 'Take for instance the man who defended himself on the charge of striking his father by saying "Yes, but *he* struck *his* father, and *he* struck *his*, and" (pointing to his child) "this boy will strike me when he is a man; it runs in the family (συγγενὲς γὰρ ἡμῖν)"; or the man who when he was being dragged along by his son bade him stop at the doorway, since he himself had dragged his own father only that far.'¹²³

¹²¹ See e.g. fr. 228 D.-K. on the children of the stingy; fr. 272–80 D.-K. on family ties and generational issues; fr. 275–6 D.-K. in particular on the burden of having offspring. For a sense of mental weakness (here in the specific sense of the ἀκρατής) as a form of excess (λίαν ... μωραίνειν) debasing an intrinsically good nature, see Arist. *EN* 1148a32–b2, who mentions Niobe (and her impious maternal pride in her children, which led her to declare them superior to the gods) and a certain Satyros, 'lover of his own father' (φιλοπάτωρ); 1149b for forms of ethical 'damage' that derive to individuals from habit (δὲ ἔθνη 1148b17, ἐξ ἔθους 1148b30): these *ethé* include (rather confusingly) biting one's nails but also horrid acts such as teknophagy and killing pregnant women to feed on the extracted foetuses, and male homosexuality caused by early-age rape. It is interesting that Aristotle here digs out a wonderful repertoire of mythological or pseudo-anthropological curiosities, while our authors systematically and consistently avoid anything of the kind.

¹²² I thank Hynek Bartoš for bringing this passage to my attention.

¹²³ Trans. by W. D. Ross.

5.2.2 Behaviours and Individual Ethos

The physician in our sources recognises and gives weight also to what we might more comprehensively call ‘behavioural’ disturbances, i.e. interference with the normal behaviour of the patient – meaning both what would be generally accepted by the standards of the time and the customary ways of the individual. These aspects, however, are rare in our texts. This is a fundamental difference from later discussions of mental sufferers as needing philosophical and spiritual couching, as evident e.g. in Celsus (*Med.* 3.18, esp. 10–12 = 124.10–28 Marx) and in Galen’s psychological works.¹²⁴

5.2.2.1 κακία

Did the Hippocratics recognise a sense of ‘wickedness’ or moral flaw as part of the mental make-up of the individual that might belong to an assessment of health? As noted in my introduction, Aristotle and Plato readily associate madness with an ethical flaw, variously acknowledging the overlap between the two areas. In our texts, this aspect remains confined to passing remarks; individuals suffering from bile affecting the brain (οἱ δὲ ὑπὸ χολῆς κεκράκται) at *Morb. Sacr.* 15 (27.8–10 Jouanna = 6.388.14–16 L.), for example, may at times be ‘ill-behaved and unable to stay still, always engaging in some misplaced activity’ (κακοῦργοι καὶ οὐκ ἀτρεμαῖοι, ἀλλ’ αἰεὶ τι ἄκαιρον δρῶντες). κακοῦργοι and τι ἄκαιρον include an evaluation, although one isolated from any broader ethical discussion. At *Int. Aff.* 48 (232.19–20 Potter = 7.286.3 L.), in the description of the ‘thick disease’, along with its mental aspects are found aggressiveness and threatening behaviour (the patient ‘attacks and threatens’, ἐπέρχεται, καὶ ἀπειλεῖ); regarding the female patients at *Mul.* 2.133 = 8.282.12–19 L., cases of uterine suffocation in which the womb presses against the hips, causing various mental consequences, it is said that they ‘act *appallingly*’ (σχέτλια δρῶσι), possibly alluding to sexual indecency.¹²⁵ At *Morb. Sacr.* 15 (28.14–29.1 Jouanna = 6.390.6–7 L.), flushing and red eyes are caused by fear and indicate aggressiveness or bad intentions (perhaps of a self-harming kind?), both in sleep and – in principle – while the patient is awake, ‘when-ever ... the mind suggests *doing something bad*’ (ὅταν ... ἡ γνώμη ἐπινοῇ τι κακὸν ἐργάσασθαι). At *Virg.* 3 (24.3–4 Lami = 8.468.12–13 L.), ‘because of the *bad* state of the blood (ὑπὸ δὲ τῆς κακίης τοῦ αἵματος), the

¹²⁴ On these aspects, see representatively Singer (2013), with various essays, and Gill (2010, 2013, in press).

¹²⁵ This expression was discussed above, p. 212.

mind, being distraught and dismayed, tempts them to more *bad behaviour* (κακὸν ἐφέλκεται ἕτερον). κακίη of the blood causes 'bad' (κακόν) drives, which might – in line with other information offered by the passage – also indicate suicidal plans. The content of this negative behaviour cannot be defined clearly, but it is suggestive that the adjective κακός can be unproblematically applied to both physiological soundness and ethical agency in the same sentence. These references to deviance, however, are isolated in our texts and devoid of any evaluative element, which remains excluded from these writings.

5.2.2.2 *Religious Obsessions*

Reflections about odd behaviours, fanaticism and obsessive practices that can be traced to mental make-up are attributed to fourth-century and later medical authors, in particular with reference to the sphere of religion, but are absent from our texts, which generally avoid anthropological considerations. (*Airs, Waters, Places* truly represents an exceptional case.) The early fourth-century physician Praxagoras is the first medical writer to recognise a disease called 'over-religiosity' (τὸ ἐνθουσιαστικὸν πάθος), if we follow the later Anonymus Parisinus (*An. Par.* 20.1.1 = 120.13–14 Garofalo). Praxagoras described the disease in physiological terms as a 'foaming in the heart and in the thick aorta'. The Anonymus further attributes to Hippocrates recognition of the same disease as a 'kind of *melancholia*' (εἶδος μελαγχολίας). These patients incline to superstition and are startled by the sound of pipes and the smell of burning incense (ἐπὶ τὸ δεισιδαιμονέστερον τετραμμένων τῶν πασχόντων. αὐλοὶ καὶ λιβανωτοὶ τὸ πάθος παρορμῶσιν, *An. Par.* 20.1.2 = 120.18–20 Garofalo). The Anonymus Parisinus cannot always be regarded as a trustworthy historian, and he might be referring loosely here to the credulous πολλοὶ ridiculed at *Morb. Sacr.* 1 (7.3–8.13 Jouanna = 6.358.19–362.6 L.), who resort to purifications and have superstitious beliefs, and to their false theologies with reference to the sacred disease.¹²⁶ The Hippocratic author does not develop this psychological observation beyond condemning the commoners' ignorance; religious superstition remains an ignorant trait of the general public rather than a potentially pathological state. Anonymus Parisinus further describes those affected by τὸ ἐνθουσιαστικὸν πάθος as follows: 'they get excited mostly from incense vapours and pipes, dancing and religious

¹²⁶ See Garofalo (1997) *ad loc.* Compare *Aer.* 22 (238.6–241.20 Jouanna = 2.76.12–82.5 L.) for Hippocratic criticism, in the same spirit, of superstition with reference to the Scythians and their incorrect interpretation of the causes of a natural disease as supernatural.

superstition. During attacks, their face flushes and they toss their head and their hands here and there' (κατὰ δὲ τοὺς παροξυσμοὺς ἐνευρευθὲς ἔχουσι τὸ πρόσωπον, τὴν τε κεφαλὴν καὶ τὰς χεῖρας ἄλλοτε ἄλλῃ ῥίπτοῦσιν, *An. Par.* 20.2.1 = 120.22–123.3 Garofalo). This description both includes visual features of the traditional representation of the insane (e.g. the flush) and goes back to classic imagery typifying *inter alia* Dionysiac behaviours.¹²⁷ Some of these visible features were noted in Chapter 2, although the authors of our texts do not conceptualise a mental disease of this kind. In fr. 88 and 90 Fortenbaugh of Theophrastus' treatise on the topic, *Περὶ ἐνθουσιασμοῦ* (–ῶν), the disease is apparently said to be cured by music¹²⁸ rather than caused by it as part of a religious performance; in the *Politics* 8 (1340a11), on the other hand, Aristotle explicitly mentions kinds of melody which 'make the soul enthousiastic, and *enthousiasm* is an affection of the character of the soul' (ὁ δ' ἐνθουσιασμός τοῦ περὶ τὴν ψυχὴν ἥθους πάθος ἐστίν). The description of the different types of melancholics in *Probl.* 30.1, finally, has a more explicit physiological grounding: the overheating of black bile causes individuals to become *μανικοί* or *ἐνθουσιαστικοί*, as in the case of the Sybils (286.34–7 Mayhew = 954a 34–7), with *enthusiasmos* thus categorised as a disease with a clear physiological make-up.¹²⁹

On the basis of this partly indirect evidence, we can assume that excesses in this cultural area, with extraordinary behaviours and beliefs, might have been recognised as potentially pathological already in the fifth century. The Hippocratic doctor stigmatises superstitious attitudes primarily as part of his intellectual positioning, categorising them as misunderstandings of physiological diseases. Later authors conceptualise the intellectual mistake further, thematising this as a disease, a pathological fanatical obsession.¹³⁰

¹²⁷ For tossing one's head, cf. *Eur. Ba.* 150, 864–5; maddening music, *Ba.* 126–9; incense, *Ba.* 144–5.

¹²⁸ On music and its implications for mental states and mental health, see Padel (1995) 127–8, 132, on dance 134; West (2000), but discussing medical evidence only to a limited extent, 63–4, for 'physical afflictions'. On flute music, see King (2013). Theophrastus apparently considered music as curative for diseases such as *epilepsis* and fainting (fr. 726 A FHS&G). Music plays a firmer role in later therapy for mental disease (cf. Celsus *De Med.* 3.18.10 = 124.16–17 Marx; Caelius Aurelianus, *Diut. Morb.* 1.175–6, 534.15–23 Bendz), distinguishing, in the therapy of the melancholics, between the 'Phrygian mode' and the 'Doric mode' as suitable for *maestitudo* and insanity characterised by laughter and silliness, respectively) as well as in traditional portrayals of possession, e.g. maenadic and Dionysiac; see Vaughan (1919) 55–7 for a discursive survey of relevant topics and folk ideas.

¹²⁹ On music and *katharsis* in the *Politics* see Ford (2004).

¹³⁰ Compare Aretaeus, *De Causis et Signis Diut. Morb.* 3.6 (43.29–44.4 Hude), who identifies 'another kind of *mania*' (μάνις εἶδος ἕτερον), in which 'some cut their limbs in a holy fantasy, as if thereby propitiating peculiar divinities. This is a madness of the apprehension solely; for in other respects

5.2.2.3 *Change*

The physicians in our sources also see deviation from habitual behaviour as a sign of mental disturbance.¹³¹ At *Epid.* 4. 15 (102.17–104.1 Smith = 5.152.16–20 L.), a delirious young man (παρενεχθείς) in his aggressive attack displays pathological behaviour (fighting, jumping, using extremely foul language) precisely because in general ‘he wasn’t that type’ (οὐ τοιοῦτος ἔων); the aggressive behaviour is worth noting because it is out of character for this patient. Likewise at *Epid.* 7.10 (58.8–9 Jouanna = 5.382.2–3 L.), Chartades suffers from a fever with mental implications within which, it is observed, the patient was ‘greeting with inappropriate warmth, generally warmer and more aggressively than usual’ (θρασύτερον καὶ φιλοφρονώτερον τοῦ καιροῦ προσηγόρευε καὶ ἐδεξιοῦτο). At *Epid.* 7.11 (59.21–2 Jouanna = 5.384.6 L.), the mentally suffering wife of Hermoptolemus is prey to bouts of temper and weeping appropriate to a child (ἀκρηχολία καὶ κλαυθμοὶ οἷον παιδαρίου), with ἀκρηχολία literally indicating the peak of humoral excess, here associated with crying of a kind inappropriate for an adult. Later on, more inappropriate or implausible behaviour, παρὰ καίρον, is noted in the same patient just as other mental ailments exacerbate. The *Prognosticon* attributes importance (and especially mental significance) to signs that run contrary to habit. At *Prog.* 3 (11.3–6 Jouanna = 2.120.4–6 L.), lying on the belly may indicate insanity when not customary (μὴ ξύνηθές), and is always κακόν. Further on (12.2–3 Jouanna = 2.120.9–11 L.), ‘to grind one’s teeth during fevers, in those in which it was not habitual from childhood (ὁκόσοισι μὴ ξύνηθές ἐστιν ἀπὸ παιδίων), signals *mania*

they are sane. They are aroused by the pipe and by cheerful occasions, or by drinking, or by the admonition of those around them. This madness is of divine origin, and if they recover from it, they are cheerful and free of care, as if initiated to the god; but yet they are pale and attenuated, and long remain weak from the pains of the wounds’ (τέμνονταί τινες τὰ μέλεα, θεοῖς ἰδίοις ὡς ἀπαιτοῦσι χαριζόμενοι εὐσεβεῖ φαντασίῃ καὶ ἔστι τῆς ὑπολήψιος ἡ μανία μούνον, τὰ δ’ ἄλλα σωφρονέουσι. ἐγείρονται δὲ αὐλῶ καὶ θυμηδίῃ, ἡ μέθη, <ἢ> τῶν παρεόντων προτροπῇ. ἐνθεος ᾗδε ἡ μανία. κῆν ἀπομανῶσι, εὐθυμοί, ἀκηδέες, ὡς τελεσθέντες τῷ θεῷ ἄχροοι δὲ καὶ ἰσχυροὶ καὶ ἐς μακρόν ἄσθενές πόνουσι τῶν τραμάτων); note also the case of Theophilus’ sensibility to pipe music and hallucinations in Galen, *Sympt. Caus.* 3.4 (VII.60.13–61.5 K.). Another fourth-century BCE story of delusion of a religious kind (of which we possess, however, only later testimonia) is narrated about Menecrates of Syracuse, a physician active at the court of Philip of Macedonia and mentioned by *Anon. Lond.* 19.18 = 41 Manetti (and others) for his humoral medical doctrines and his cure of epilepsy. We know little about this figure, apart from his specialisation in the therapy of the sacred disease and his delusional *grandeur*, which led him have himself referred to as ‘Zeus’ (Athen. *Deipn.* 7.288c–90a, T1 Squillace; Plut. *Ages.* 21.5 Ziegler, T2 Squillace; Aelian *Var.Hist.* 12.51, T3 Squillace). See Gourevitch and Gourevitch (1982a) on this figure in the context of an ancient Greek disturbance of *theomegalomania*; Clark (1993) 41–5 for a survey of similar megalomaniac cases.

¹³¹ On this aspect, see Gundert (2000) 35, who goes so far as to identify such expressions as ἐξ ἑαυτοῦ, ‘out of oneself’, as testifying to a sense of self based on continuity.

and is fatal'.¹³² Instability of character is likewise a pathological sign, for example an answer that contradicts a person's usual manner (e.g. at *Prorrh.* 1.44, 80.8–9 Polack = 5.522.6 L.), 'an insolent reply from a generally polite person' (ἐκ κοσμίου θρασεία ἀπόκρισις κακόν).¹³³ At *Coac.* 47 (116.10–12 Potter = 5.596.4–6 L.), the principle is stated explicitly: 'to do something outside one's custom, as for example to desire to have something that was not one's habit before, or just the opposite, bodes ill and indicates that delirium is near' (τὸ παρὰ τὸ ἔθος ποιεῖν τι, οἷον προθυμέεσθαι προσδέχεσθαι τι πρότερον μὴ εἰθισμένον, ἢ τούναντίον, πονηρόν καὶ πλησίον παρακοπῆς).¹³⁴ In a positive statement and with emphasis on cognitive processes, a passage in *Breaths* might be compared (*Flat.* 14, 122.13–16 Jouanna = 6.112.11–13 L.): 'for learning and recognitions are a matter of habit. So whenever we depart from our typical habit, our intelligence perishes' (τὰ γὰρ μαθήματα καὶ τὰ ἀναγνωρίσματα ἐθίσματά ἐστιν· ὅταν οὖν ἐκ τοῦ εἰωθότος ἔθεος μεταστέωμεν, ἀπόλλυται ἡμῖν ἢ φρόνησις). Not only bodily health but also sound thinking are deeply interlaced with consistency of character and life activities that should be preserved.

Under the label of personal and private psychology we have looked so far at individual mental health within the specific circumstances of life events, relationships, inclinations and preferences emotional and behavioural. In Greek culture and the literary tradition, this perspective is central to mental health in tragic madness, in metaphorical or hyperbolic uses of insanity as a trope for erotic possession in lyric poetry and, when seen from the point of view of social practices, in healing experiences of a religious kind, as in the testimony of votive offerings, for example. Mentions of these personal elements are scattered and underplayed in our texts. Most important, these features (especially the emotions) are naturalised as much as possible to fit the sphere of action of the doctor as professional figure. Anger is interpreted in terms of heat and the movement of fluids in the body; hope and fear are reduced to experiences of helplessness and ignorance that cast

¹³² See also at *Prorrh.* 1.48 (80.12–13 Polack = 5.522.9–10 L.).

¹³³ Galen comments *ad loc.* (*Comm. Hipp. Prorrh.* 1, 2.8, 59.16–22 Diels = XVI.606 K.) that the principle is a general one (τούτου τοῦ λόγου γενικώτερος ἄλλος ἐστὶν περιέχων οὐ τοῦτον μόνον, ἀλλὰ καὶ τινὰς ἄλλους πολλούς): 'the overall malignant quality of manifestations that go against one's nature' (τὸ ... παρὰ τὴν οἰκείαν φύσιν ἅπαν κακὸν γένος). For him a rude answer (θρασέως ἀποκρινόμενος) in a normally quiet nature (ἡ οἰκεία φύσις κόσμιος) signals approaching *phrenitis* (ἐγγύς ἔκει φρενίτιδος), just as a polite answer in a feisty nature (ἀπόκρισις κόσμιος ἐν τῷ φύσει θρασεί) signals oppression and lethargy (καταφορὰν ἢ λήθαργον ἐλπίζειν ἐσεσθαι).

¹³⁴ The habitual is always good, healthy and healing, as is affirmed throughout in *Regimen*; cf. also *Aer.* 16 (228.6–8 Jouanna = 2.64.4 L.). On this point, see also Lo Presti (2008) 95.

the patient in a position of need and want with respect to the physician's authority; eros is entirely obliterated from sexual experience; moral evaluation is barely hinted at in patient reports and nosological profiles.

5.3 The 'Rational Faculties'

φεῦ φεῦ, παλαιὸς αἴνος ὡς καλῶς ἔχει
γέροντες οὐδέν ἐσμεν ἄλλο πλὴν ὄχλος
καὶ σχῆμ', ὀνείρων δ' ἔρπομεν μιμήματα
νοῦς δ' οὐκ ἔνεστιν, οἴομε<σ>θα δ' εὐφρονεῖν.

Alas, how right the ancient saying is:
We old men are nothing but a nuisance
and a form, we crawl in imitation of dreams.
There is no νοῦς within us, although we think we are sane.

(Eur. fr. 25 Kannicht)

Finally we come to the 'rational faculties' (which could also be described as cognitive faculties *stricto sensu*¹³⁵). This topic requires some preliminary discussion of method. My discussion in the first half of this book dealt with bodily mental life. 'Rational faculties', if we follow mainstream received narratives regarding the mind in contemporary discussion (both scholarly and everyday), can be cast in opposition to each of the aspects considered so far: they are invisible and subjective, and as such opposed to bodily symptomatology; they are conscious and voluntary, and as such largely opposed to the vital functions of the body (sleep, sexual disposition and nutrition, and of course death); they are mostly measurable in terms of soundness of performance and veracity, and as such opposed to the emotions; they concern mental processes considered in isolation from or independent of sensory stimuli, and as such opposed to sensory disruptions. In sum, 'reason' tends to be constructed as complementary to the body, to emotional life, to the sensory sphere.¹³⁶

Within received (contemporary Western) conceptions and representations, 'rational faculties' are also the first damaged area or impaired function that comes to mind when we think of what it means to be 'mad', or even when we use the term hyperbolically: irrationality and inconsequentiality of thought, an inability to make judgements or articulate language, a failure to understand concepts and situations, organise and recollect

¹³⁵ Using 'cognitive' in the narrower sense. On confusion regarding these different meanings of 'cognitive', see already Lakoff and Johnson (1999) 11–12.

¹³⁶ See the useful comments in Singer (1992) 135 on the 'various dualisms' at play in our texts.

memories, or pay attention to and concentrate on what is happening around us – all features, when taken in a narrow sense, of the prejudicial internalism about the mind that is increasingly criticised as one of the most enduring elements of the Cartesian legacy.¹³⁷ This outlook remains central to Western definitions of mental health and individual intellectual worth, despite revolutionary developments in cognitive embodiment, which remain confined to specialist activities. This is evident in the IQ testing practices carried out by employers, as well as in popular perceptions of mental power, and may be seen as part of a fundamental paradigm that has become familiar as 'logocentrism' in the critique of various twentieth-century thinkers. This model of 'mental capacity' as predominantly measurable performance still largely prevails.

The grouping of these features under a unified rubric 'rational (cognitive) functions' in my discussion is thus in large part a working strategy, reflecting a still dominant *façon de penser* regarding mental life that is more useful to play by than to ignore, and that has provided a way to organise my material. The characterisation of the mad in modern imagination has visibly centred precisely on a failure of these 'cognitive/rational functions'. What makes Woyzeck immediately recognisable as a representation of a madman in Büchner's 1836 play is precisely the inappropriate, nonsensical, naïve quality of his talk.¹³⁸ The (socially and ideologically) equivalent portrayal of Foucault's famous case study, Pierre Rivière, as well as Foucault's monumental discussion of madness, also centre on a history of Reason with a capital 'R' as verbal and logical utterance.¹³⁹ The predominance of these as the stuff mental life and (in)sanity are made of is also evident in scholarly works, where terms such as 'reason', 'irrationality', 'intelligence' and 'nonsensical' dominate efforts to map the territory of mental life and disturbance. One example is the translation of terms such as φρόνησις or φρονέω (and their negatives, e.g. παρὰφροσύνη), which become 'reason', 'intelligence', 'judgement' (and their impairment) for want of a larger unified modern category, but which also display a much wider spectrum than logical reasoning in our sources, often including many of the bodily

¹³⁷ And a key component of Cartesian dualism: Hornsby (1997) 1–15 on this specific point.

¹³⁸ This approach has a long history in Western thought: the Platonic discussion of madness in *Laws* 11 (beginning at 934c) is rooted in verbal abuse as the chief manifestation and nature of madness, as is demonstrated by Prauscello (2015) 216–18, with discussion of a similar association in comedy. Kidd (2014) offers an extended discussion of Aristophanic comicality as rooted in 'nonsense', which he defines as meaningless, non-consequential words (4–5); see 16–51 for a survey of 'Greek notions of nonsense', nicely illustrating the ideal of 'logical reasoning' from early on in Western culture.

¹³⁹ Foucault (1964/2006, 1973).

experiences explored in the preceding chapters.¹⁴⁰ The result has been to assign these ‘rational/cognitive functions’ or ‘intellectual abilities’ a central place in the ancient mind and its perceived health.

Downsizing the importance of ‘rational faculties’ is only part of the methodological challenge. In addition, cultural studies are increasingly problematising the concept of ‘intelligence’ itself and revising its status as essence. Far from being measurable across biological, cultural, social and economic distance (as well as individual specifics), ‘intelligence’ is now seen as interpretation and product, entirely different in kind from muscular strength which can easily be defined and measured, for example in terms of lifting force or endurance. Should intelligence then be seen entirely as an invention that cannot constitute a freestanding object of inquiry? In other words, does it exist only in an emic (internal), not in an etic (external: the observer’s, our own) perspective? A radically constructionist view would be naïve and untenable, and would fly in the face of what we know of human evolution; there is *some measurable* biological ability that characterises us as human beings, rooted in anatomy among other things (skull dimensions, brain complexity and so forth). What is legitimately open to constructionist questioning and revision is the belief that (1) this (measurable) ‘intelligence’ should be confined to brain activity and neurological systems, rather than located in the wider body–world interaction; and (2) this (measurable) ‘intelligence’ should be strictly defined in terms of logic, speech, memory and performance. This second, narrower, definition is the topic of the final portion of this book.

The most confident statements about human intelligence as measurable datum in fact appear to be historically located. The recent study by Goodey offers a valuable demystification of the prejudice that defines what it means to be fully ‘human’ in terms of intelligence, which is posited in his study to be instead a historical product with a precisely localised origin (in post-industrial Europe). Goodey persuasively illustrates how assessment of supposed ‘intelligence’ played a far less significant role in the European world prior to ‘the beginning of the modern theories of psychology’.¹⁴¹

¹⁴⁰ See rightly Onians (1951) 14: ‘in later Greek *φρονεῖν* has primarily an intellectual sense, “to think, have understanding”, but in Homer it is more comprehensive, covering undifferentiated psychic activity ... involving “emotion” and “conation” also’. In further qualification to this statement, the Hippocratic use is obviously also broader, and less focused than ‘to think’.

¹⁴¹ Goodey (2011) 11. Goodey focuses on disability and social and medical constructs such as the ‘retarded’ or ‘idiot’, unfortunately excluding mental illness and even casting it aside as being on his reading a more essential category than ‘mental disability’. See also 1–12 for a critical survey of approaches to the topic of mental disability on both the ‘constructionist’ and the ‘essentialist’ side, as well as the discussion in Laes, Goodey and Rose (2013b) 1–13.

To illustrate how differently classical antiquity locates itself in respect to this debate, take the Euripidean fragment that served as the epigraph to this chapter. We have here a traditional topos, the representation of old age as helpless and confused. This is itself a good case for discussing 'pure' rational faculties, since when senile dementia is in question, serious intellectual damage and brain deterioration are more likely to be at issue than in other cases of mental impairment. The elderly are similar to dreams or illusions, and their words are unclear and their strength fails. The mental weakness that comes with old age seems at first to be marked by damage to the 'reasoning' area under consideration here: 'there is no *nous* inside' (νοῦς δ' οὐκ ἔνεστιν) – a lack of an internalised intellectual faculty, accompanied by denial (paradoxically recognised by the speaker, 'although we think we are sane' – οἰόμεσθα δ' εὖ φρονεῖν). Sound judgement and self-awareness are key here, and in this sense we are clearly in the realm of cognitive functioning strictly intended. Part and parcel of the picture, however, are other facts: reduction to 'a nuisance' (or, to a mute horde of useless individuals, ὄχλος),¹⁴² and especially the fact of becoming a σχῆμα, a mere ensemble of limbs, a shape or image that grotesquely imitates vitality (ὀνείρων δ' ἔρπομεν μιμήματα). The lack of νοῦς is only part of this comprehensive representation, which includes self-awareness and interaction with others, as well as the full control of and vitality in one's limbs which εὖ φρονεῖν implies here.¹⁴³

5.3.1 Rational Faculties and the Internalised Mind

Let us compare the classical views just discussed and their lack of an isolated 'mind' and a thematisation of 'reason' with later discussions in which 'mind' appears to be conceptualised in isolation. It is instructive to begin with a passage from the discussion of *phrenitis* in *An. Par.* 1.1.4 (3.16–21 Garofalo). Here the first-century compiler mentions the following image of mind, νοῦς, and mental soundness as Hippocratic (an interpretation perhaps inspired by a text lost to us):

Hippocrates says that the mind is placed in the brain (ἐν τῷ ἐγκεφάλῳ) like a holy statue and uses as food the blood about the choroid meninx. When this is corrupted by the bile, the nourished part also changes its own faculty

¹⁴² Or a νόφος, 'noise', according to other manuscripts (a stuttering, or a weak voice – or words no one listens to, which make no sense or are false).

¹⁴³ Compare the same image at Aesch. *Ag.* 79–82: old age is represented as a stage of a lack of strength, childlike helplessness and difficult movement that makes a person similar to a dream (ὄναρ, 82); see Fraenkel (1950) 50 *ad loc.*

(δύναμις). In fact, if its well-ordered natural motion was sanity (φρόνησις), the disordered, unnatural motion will be loss of this (παραφρονήσις).¹⁴⁴

The image of the νοῦς as a ‘holy statue’ (ἁγάλμα) placed above, in a ‘citadel’, dominating the body in fortified isolation and possessing a specific power (δύναμις)¹⁴⁵ of φρόνησις, offers a much-restricted definition of both mind and mind disturbance compared to that discussed in the preceding section of this book. Regardless of the origin of the attribution to Hippocrates, this representation of the mind as a confined, encapsulated managerial agent is almost as far as one could imagine from the evidence of the Hippocratic texts. Another late passage, *Hebd.* 52 (Roscher 79.20–8 = 8.672.29–673.2 L.), offers a useful contrast. Here the author speaks of the body as a tabernacle, a ‘container’ of the soul (σκήνος τοῦ σώματος):

The soul, leaving the container of the body, hands down the cold and mortal image together with the bile, blood, phlegm and flesh.

ἀπολείπουσα δὲ ἡ ψυχὴ τὸ τοῦ σώματος σκήνος, τὸ ψυχρὸν καὶ θνητὸν εἰδωλὸν ἅμα [αἷμα C.] καὶ χολῇ [-ήν C.] καὶ αἵματι [om. C.] καὶ φλέγματι [-μα C.] καὶ σαρκὶ [-ας C.] παρέδωκεν [om. C.].

In our texts, an idea of ‘mind’ explicitly opposed to body surfaces only a few times and always in operative contexts. διάνοια is clearly opposed to σῶμα at *Epid.* 6.8.31 (194.2–4 Manetti–Roselli = 5.356.1–3 L.), where ‘each of these [melancholy and epilepsy] develops more according to what the weakness inclines towards: if towards the body, epileptics, if towards the mind, melancholics (ἢν μὲν ἐς τὸ σῶμα, ἐπιληπτικοί, ἢν δ’ ἐπὶ τὴν διάνοιαν, μελαγχολικοί)’. Likewise with the term ψυχὴ at *Epid.* 6.5.2 (106.1–2 Manetti–Roselli = 5.314.14–15 L.): ‘if with the illness an inflammation arises, then both the ψυχὴ and the body are consumed’ (ἢν δ’ ἐκπυρωθῇ ἅμα τῇ νούσῳ, καὶ ἡ ψυχὴ <καὶ> τὸ σῶμα φέρεται). *Hum.* 7 (166.16–17 Overwien = 5.488.7–8 L.) mentions a ‘forming together/collapse of body and soul’ (σώματος συνπύξης καὶ ψυχῆς), while at *Aff.* 46 (70.3 Potter = 6.254.17–18 L.) a good diet should be given ἐσορῶν τὸ σῶμα καὶ τὴν ψυχὴν, ‘observing the body and the soul’. γνώμη is used in a similar way at *Vet. Med.* 10 (130.10–11 Jouanna = 1.592.8–9 L.): ‘[individuals] become immediately heavy and sluggish in body and mind’ (εὐθύς

¹⁴⁴ The closest parallel is *De Morbo Sacro*, whose encephalocentrism is however no real match for this passage. See also Diocles fr. 72 van der Eijk, where van der Eijk (2000–1, vol. 2) 147 compares the pseudo-Hippocratic *Ep.* 23 (102.8–11 Smith = 9.394.7–9 L.).

¹⁴⁵ A term and expression that features nowhere in our texts and must be considered part of the idiomatic re-elaboration of the anonymous author. On the problems posed by late antique doxography in this respect, see Singer (1992) 137.

βαρεῖς καὶ νωθοὶ τὸ σῶμα καὶ τὴν γνώμην). But these remain isolated cases; significantly, in all but one of them the distinction is mentioned precisely to indicate its collapse: the two spheres must be considered together. A sense of deep cohesion and interlacement stands out, alien to the container-and-contained or ruler-and-subject images suggested by the two (post-) Hellenistic representations quoted above.

5.3.2 The Vocabulary of Cognitive/Rational Faculties

There is a strong association between a notion of mind as internalised, localised and encapsulated and a restricted version of what 'cognitive' means. In the recent history of cognitive psychology as well, the ideas of a mind 'distributed' beyond the brain and neural system, and of intelligence as integrating computational, emotional and sensory features, develop in parallel.¹⁴⁶ It is thus no surprise that 'mental activity' in the restricted sense should appear in our texts in relatively few cases, just as a clear localisation of mental life in the brain or in opposition to the body does.

Terms of interest in this regard are νόος (9 occurrences), γνώμη (115 occurrences), ξύνεσις (13 occurrences), διάνοια (24 occurrences) and λογισμός (17 occurrences). These may indicate faculties, intellectual performance or mental agency (the first two with the idea of a permanent ability and even location). ἐννόημα (one occurrence) and φρόνημα (three occurrences) indicate the act of rational apprehension or its content. ψυχή (107 occurrences) is easily the richest and most problematic term, representing in our texts a part of the individual, an ensemble of rational, sensory and emotional qualities, an instrument, or the locus of vitality. φρένες may indicate the localisation of mind as *locus affectus*, although surprisingly only in a limited number of cases.¹⁴⁷ Finally, φρόνησις (thirteen occurrences) is found for mental activity (but with an inclusive meaning, as we have seen), along with the related verbs φρονέω/φρενῶ and γιγνώσκω, νοέω and συνίημι.¹⁴⁸

A strong argument for interpreting these terms as particularly relevant to the sphere of reasoning, knowing, learning and understanding is the fact

¹⁴⁶ A revision simplified in the formula of a mind 'embedded, extended embodied, enacted' (the '4Es'; see Ward and Stapleton, 2012).

¹⁴⁷ See Langholf (1990) 40–2.

¹⁴⁸ See Thumiger (2013a) for a survey of medical use of these terms, with bibliography. Stefanelli's 2010 monograph explores in detail the terminology of the φρεν- group as related to the idea of 'heat of the soul' originating in physiological processes (44–74); see also Pigeaud (1981/2006) 34 on vocabulary; Byl (2002) on *Regimen*.

that, although they are used for patients, they are simultaneously adopted in the medical professional discourse in our texts, i.e. in methodological and epistemological contexts, to indicate a sound understanding of doctrinal matters on the part of the physician or a lack thereof, and to indicate valid scientific reasoning.¹⁴⁹ However difficult it may be to translate this vocabulary and ascribe it precisely to a single area of intellectual procedures, I suggest, the terms can be legitimately associated with the sphere of intellectual activity, rationality and understanding.

No stable semantic differentiation, first of all, exists among the terms listed. Consider the following passage from *Morb. Sacr.* 14 (25.15–26.2 Jouanna = 6.386.17–21 L.):

and mainly through this [i.e. the brain] we *think* [?] and *reason* [?] and see and hear and recognise what is ugly and beautiful and wicked and good and pleasant and the unpleasant, *judging* [?] some of these matters on the basis of a principle, *perceiving* [?] others in terms of loss or gain.

καὶ τούτῳ φρονέομεν μάλιστα καὶ νοέομεν καὶ βλέπομεν καὶ ἀκούομεν καὶ διαγινώσκομεν τὰ τε αἰσχρὰ καὶ τὰ καλὰ καὶ τὰ κακὰ καὶ τὰγαθὰ καὶ ἡδέα καὶ ἀηδέα, τὰ μὲν νόμῳ διακρίνοντες, τὰ δὲ τῷ συμφέροντι αἰσθανόμενοι.

The vocabulary of mental activity appears to be used here in a precise manner, but it is impossible to decide if this is only a form of deceptive precision,¹⁵⁰ a kind of hendiadic style in which synonyms are used, which is to say if φρονέω and νοέω refer to clearly distinguished areas of activity. For γινώσκω and διακρίνω, again, we might propose a distinction between knowing external objects and judging their qualities, and αἰσθάνομαι, itself indicating perception, is here an activity influenced by utilitarian judgements (τῷ συμφέροντι).

These semantic questions cannot be answered in a conclusive fashion. Given that some of these terms are elsewhere often interchangeable (or so it seems, at least), it may be more productive to explore specific intellectual functions subdivided according to the categories *by which we understand them* as they seem to emerge from the context in which the terms are used on a case-by-case basis:

- 1) scientific thinking and professional competence
- 2) vulnerability and agency: the mind as *locus affectus* and agent

¹⁴⁹ For an analysis of some of these key terms as forming the ‘intellectual lexicon’ of Hippocrates, see Perilli (1994).

¹⁵⁰ Characteristic of the Hippocratic formation of technical vocabulary: see Lanza (1968); Schironi (2010); Thumiger (2013a) 81–3.

- 3) consciousness and self-awareness
- 4) memory, recognition, learning
- 5) intelligence as performance and content-related
- 6) personality and judgement
- 7) words and reason.

5.3.3 Reason as Scientific Thinking and Professional Competence

Cognition *stricto sensu* is perhaps the one area of experience in which the doctor's and the patient's faculties can meet.¹⁵¹ The thinking patient is not only present in the negative, in the opposition between ignorance and miscalculation vs. knowledge and sound reckoning that typifies the difference between him and the doctor, but appears whenever knowledge of one's own body with its physiological processes is foregrounded. This is uniquely illustrated in *Regimen*, where an implied 'we' (however differentiated into communities endowed with different levels of knowledge and intelligence) is made protagonist. In *Regimen* the γνώμη is the understanding of the patient in the first person of what is good for him. In a reversed perspective, the author of *On Art* speaks of the γνώμη of the skilled physician replacing the self-knowledge of the patient; this γνώμη comes to aid pure observation, allowing the physician to reach deep inside the patient,¹⁵² as expressed in the trope 'the mind's eye' (τῇ τῆς γνώμης ὄψει) at *Art.* II (237.12 Jouanna = 6.20.3 L.).¹⁵³

The ability to judge, make inferences and generalise in order to foresee and interpret the unseen are central to the medical profession as it is portrayed in these writings. νόος is idiomatic for the attention paid by the doctor and for his use of knowledge, as expressed by the staple expression 'to apply one's attention to' (προσέχειν τὸν νοῦν).¹⁵⁴ νόος is not only used

¹⁵¹ Although there are limits to the competence available to the patient; at *Aff.* I (8.1–2 Potter = 6.208.17–19 L.), there is a restriction on what he is allowed to know: 'the layman should know about these things as much as is appropriate for a layman' (δεῖ δὲ πρὸς ταῦτα τὸν ἰδιώτην ἐπιστάσθαι, ὅσα εἰκὸς ἰδιώτῃ).

¹⁵² Later usage at *Præc.* I (30.11–12 Heiberg = 9.252.4–6 L.), on 'theorising' and 'intellect', confirms this: 'for if theorising lays its foundation in clear fact, it is found to exist in the domain of intellect' (ἐκ γὰρ τῶν ἐναργέως ἐπιτελεομένων ἦν τὴν ἀρχὴν ποιήσῃται ὁ λογισμός, ἐν διανοίῃς δυνάμει ὑπάρχων εὕρεσκειται).

¹⁵³ A similar expression is found at *Flat.* 3.3 (106.9–10 Jouanna = 6.94.8–9 L.): it can indeed replace sensory data ('it is in fact invisible to the eye, but open to reason to see', ἀλλὰ μὴν ἐστὶ γὰρ τῇ μὲν ὄψει ἀφανής, τῷ δὲ λογισμῷ φανερός).

¹⁵⁴ E.g. *Acut.* 4 (37.11–12 Joly = 2.230.1–2 L.), ἐμοὶ δ' ἀνδάνει μὲν ἐν πάσῃ τῇ τέχνῃ προσέχειν τὸν νοῦν and *Prog.* 19 (55.1–2 Jouanna = 2.164.6–7 L.), ταχέως δεῖ προσέχειν τὸν νόον τοῖσι σημείοισι.

in a neutral way, to indicate the faculty, but also designates sound judgement, as at *Prorrh.* 2.2 (220.16–17 Potter = 9.8.9–10 L.), regarding those who make prognoses: ‘if they are sensible’ (εἴ περ νόον εἶχον). On this basis, the expression is extended in *Regimen* to the rationality of natural orders: at *Vict.* 1.11 (134.22–3 Joly-Byl = 6.486.14 L.), ‘the mind of the gods taught [man] to imitate their own functions’ (θεῶν γὰρ νοῦς ἐδίδαξε μιμεῖσθαι τὰ ἑωυτῶν).

Διάνοια has a similar intellectual–scientific range: at *Vet. Med.* 5 (124.10 Jouanna = 1.580.15 L.), it is the intention or objective of ‘those who sought for and discovered medicine’ as they devised forms of regimen. It may be subject to assessment and criticism, as at *Aff.* 25 (46.5–6 Potter = 6.238.22–3 L.): ‘for the origin of the disease is [as described], and no one will blame your understanding (μέμψεται τὴν διάνοιαν)’. Intellectual terminology can refer to the product of a physician’s thought, his doctrine and his chosen course of action as a consequence, or to his competence prior to action.

γνώμη is also very frequent in professional talk to indicate the varying proficiency of doctors, as at *Vet. Med.* 1 (1.572.1–2 L. = 119.1–3 Jouanna), ‘just as workers differ much from one another in skill and knowledge (κατὰ χεῖρα καὶ κατὰ γνώμην), so also in the medical art’, opposing practical and theoretical ability. In several other cases, γνώμη indicates both doctrinal competence and general scientific understanding or methodological correctness, as at *Morb.* 1.6 (16.11 Wittern = 6.150.13 L.), ‘these things are not doctrinally correct’ (κατὰ γνώμην οὐκ ὀρθῶς).

γινώσκω is also applied variously to medical doctrine and professional competence, for example at *Acut.* 43 (2.316.5–6 L. = 54.23–5 Joly), ‘knowledge of such matters (γινωσκόμενα ... τὰ τοιάδε) brings safety, and ignorance (ἄγνοούμενα) brings death’. The verb indicates especially the knowledge acquired through the senses, as at *Off.* 1.1 (30.3–7 Kühlewein = 3.272.3–6 L.), where ‘our sources of knowledge’ (γινώσκομεν, γινῶναι) include prominently the senses.¹⁵⁵ The verb γινώσκω is frequently used in surgical treatises, confirming its special relevance to the knowledge of what is tangible and visible when used in the medical realm. A more general statement associated with the senses is found at *Morb.* 4.39 (121.15–17 Joly = 7.558.15–17 L.): through what the author calls ‘springs’ (πηγαί)

¹⁵⁵ Likewise, see *Epid.* 6.5.10 (114.1–3 Manetti–Roselli = 5.318.11–12 L.), ‘the tongue is the same colour as the objects one comes in contact with, for this reason we recognise (γινώσκομεν) the humours through it’.

on our bodies, we recognise the pleasantness of the foods ingested based on their nutritional value (αἱ δὲ πηγαὶ αὐταὶ εἰ μὴ ἦσαν, ἐσθίοντες ἂν καὶ πίνοντες οὐκ ἂν διεγινώσκομεν ἀτρεκέως οὔτε ὃ τι ἥδύ ἐστιν οὔτε ὃ τι ἀηδές).

σύνεσις,¹⁵⁶ as well as sometimes denoting a deeper kind of personal self-consciousness, is also employed in a professional–intellectual sense, as in *Art.* 7 (231.5–6 Jouanna = 6.10.19 L.), where unfair accusations are brought against 'the intelligence of those who practised the art, as [if they were] responsible [for a bad outcome]' (τὴν δὲ τῶν τὴν ἱητρικὴν μελετησάντων ξύνεσιν αἰτίην). συνίημι is also the understanding of medical doctrines at *Artic.* 14 (136.9–10 Kühlewein = 4.120.16–17 L., ξυνιᾶσι μὲν οὖν ἴσως οὐδὲ οἱ ἀπλῶς ἐπιδέοντες).¹⁵⁷ λογισμός is an even more emphatically rational term, meaning 'way of reasoning' or perhaps 'logical procedure' (as at *Aph.* 4.9, 411.6–7 Magd. = 4.504.6–7 L.: 'according to the same ratio/principle', τῷ αὐτῷ λογισμῷ). The term frequently appears elsewhere in methodological contexts. It is an instrument by which medicine can elevate itself above ignorance (ἀγνοσίη) to reach 'approximately perfect accuracy' (λογισμῷ) at *Vet. Med.* 12 (133.4 Jouanna = 1.598.1 L.),¹⁵⁸ while at *Epid.* 6.8.17 (180.1–2 Manetti–Roselli = 5.350.3–4 L.) λογισμός cooperates with the senses to attain knowledge; it is one of the actions or instruments that the body (το σῶμα) offers us for inquiry (ἐξ τὴν σκέψιν).

Finally, in the methodological reflections of *The Art* we find examples of the metaphorical use of vocabulary of insanity to indicate ignorance and bad judgement in those who criticise doctors' actions in inappropriate ways, as at *Art.* 8 (232.19 Jouanna = 6.12.20 L.): 'since they are mad' (ὥς παραφρονούντων); 'his ignorance is more allied to madness than to lack of knowledge' (ἀγνοεῖ ἄγνοϊαν ἀρμόζουσιν μανίη μᾶλλον ἢ ἀμαθίη, 233.2 Jouanna = 6.12.22–14.1 L.); and so forth.

These examples confirm the circumscribed intellectual application of the vocabulary of mental life under scrutiny here. In addition, medical knowledge appears at times to oppose physicians and ignorant patients to one another, but at other times to be shared between the two groups.

¹⁵⁶ The term appear to have a technical allure in fifth-century Greek, as Assael (1996) 53, 69 notes discussing Euripides' interest in it; Aristophanes parodies it as a consequence at *Ra.* 892–4, where he has the younger tragedian invoke 'Aether, on which I feed, whirl of the tongue, intellect (ξύνεσι), and thin nostrils'. The word has a deeper share in self-consciousness and ethical debate, as the tragic evocation of it as the 'bad conscience' of a murderer testifies (see Konstan 2016).

¹⁵⁷ See also *Artic.* 14 (139.17 Kühlewein = 4.126.21 L.).

¹⁵⁸ Cf. also *Vet. Med.* 14 (135.15 Jouanna = 1.600.18–19 L.).

5.3.4 *The Mind as Locus Affectus and Agent*

If contemporary embodied developments in cognitive theory increasingly question the idea of a delimited, internalised mind contained by the brain or located in it (and in the neural system), the need to find equivalents for such an internalised view has shaped disparate scholarly attempts in the past to account for ancient models of mental life, especially those of a lexical kind.¹⁵⁹ A change of perspective in our approach to the ‘mind’ as conceptualised object of inquiry helps account for ancient peculiarities such as the variety of competing mental terms that seem to be activated at need in poetic representations, or the emphasis on bodily and visual factors explored in [Chapter 2](#). In our texts, the conceptualisation of a rational faculty, a function or a part of a person that can be affected and suffer just as a body part can, and as such deserving explicit attention by the doctor or scientist, is not the central mental narrative. Nonetheless, in some cases a ‘mind affected’ is indeed indicated by our authors. At *Epid.* 6.8.5 (164.2 Manetti–Roselli = 5.344.6 L.), for example, ‘the mind is troubled’ (ἡ γνώμη ταρασσεται) alongside sleep disturbance and cold extremities, suggesting a degree of sensory numbness in this affection. The expression appears again, indicating simple pathology, at *Gland.* 12 (119.24–5 Joly = 8.568.1–2 L.), ἡ γνώμη ταραττεται. Similarly, at *Acut.* (*spur.*) 16.1 (75.20–1 Joly = 2.424.14–426.1 L.), γνώμη τετραγμένη accompanied by a moist body cavity indicates a pathology with several mental manifestations.

The γνώμη appears also elsewhere as subject to change: at *Epid.* 2.2.8 (32.22–3 Smith = 5.88.5 L.) ‘s/he was not much changed, either in her face or in thought/mind’ (οὐδὲν ἡλλοιώθη, οὔτε πρόσωπον, οὔτε γνώμην); at *Epid.* 3.17, case 2 (235.6 Kühlewein = 3.112.10–12 L.), a patient is characterised by a ‘melancholic quality as far as her mind/thought was concerned’ (τὰ περὶ τὴν γνώμην μελαγχολικά). There are similar constructs with the genitive: at *Epid.* 3.1 case 8 (221.16–17 Kühlewein = 3.56.6–7 L.),¹⁶⁰ ‘troubles of mind/thought’ (τὰ τῆς γνώμης ταραχώδεα); at *Epid.* 3.17, case 5 (237.2–3 Kühlewein = 3.118.13 L.), ‘derangement of mind/thought’ (παρακοπή δὲ τῆς γνώμης). Often παράφορος γνώμης, literally ‘deviated/carried away in mind/thought’, is found.¹⁶¹ At *Aph.* 5.16 and 2.6, the

¹⁵⁹ On psychology from Snell (1946/1960) onwards, see e.g. Sullivan (1995, 1997, 1999, 2000).

¹⁶⁰ And also at *Epid.* 3.17, cases 1 and 7 (232.20–234.2 Kühlewein = 3.102.13–108.4 L. and 237.17–238.8 Kühlewein = 3.122.1–18 L.).

¹⁶¹ E.g. at *Prorrh.* 1.36 (79.3 Polack = 5.518.12 L.).

γνώμη can be numb and diseased: γνώμης νάρκωσιν and ἡ γνώμη νοσεῖ, respectively. The γνώμη is thus conceptualised as a faculty or even a part of a person exposed to pathology; in the second case, a specific quality of consciousness seems to be further developed ('in those who are suffering somehow physically, and are unaware of many of their troubles, the γνώμη is diseased', ὁκόσοι, πονέοντες τι τοῦ σώματος, τὰ πολλὰ τῶν πόνων μὴ αἰσθάνονται, τούτοιςιν ἡ γνώμη νοσεῖ). In a similar spirit, a passage at *Mul.* 2.169 (8.348.7–8 L.) describes a disease 'that affects mind/thought' (γνώμης ἀπτόμενος), while the patient of *Mul.* 2.201 (L. 8.384.2) displays a 'stricken mind/thought' (γνώμη καταπλήξ). At *Hum.* 9 (168.7–8 Overwien = 5.490.1–2 L.), 'pathologies of the mind/thought' can derive 'out of a nuisance, heard or seen' (τὰ ἀπὸ συγκυρίας λυπήματα γνώμης ἢ διὰ τῶν ὁμμάτων ἢ διὰ τῆς ἀκοῆς) and 'out of the mind/thought (*itself*)' (καὶ διὰ τῆς γνώμης). This reference to a pathology of the γνώμη seems to suggest an intellectual interpretation rather than an emotional sense; the specification of a συγκυρία, 'coincidence', and 'annoyance' as a cause or trigger suggests a distraction from mental activities caused, for example, by a frightening or disgusting sight, or simply by the thought of one.

In fifth-century discussions, one would expect to find φρένες indicating mind, or thought, in a delimited, internalised sense. The term is discussed in a passage of *Sacred Disease* that explicitly posits – and rejects – phrenocentric and cardiocentric theories of mind: 'the φρένες have a name due merely to chance and custom (τῇ τύχῃ ... καὶ τῷ νόμῳ), not to reality and nature, nor do I know what power for thought or intelligence the φρένες have (ὥστε φρονεῖν τε καὶ νοεῖν)' (*Morb. Sacr.* 17, 30.4–15 Jouanna = 6.392.5–13 L.). The author further distinguishes between the mental power, which the *phrenes* lack, of a part and its exposure to influence: 'the only thing is that, if a man is unexpectedly overjoyed or grieved, [the *phrenes*] jump and cause him to start' (ἦν τι ὠνθρωπος ὑπερχαρῇ ἔξ ἀδοκῆτου ἢ ἀνηθῆ).¹⁶² They thus owe their evocative name, associated with φρόνησις, to idle circumstance

¹⁶² See *Prog.* 7 (17.10–18.3 Jouanna = 2.126.4–6 L.), where throbbing in the *hypochondrium* (ἐν τῷ ὑποχονδρίῳ) signals θόρυβον, 'trouble' or παραφροσύνη, 'delirium': Galen (*Comm. Hipp. Prog.* 1.28, 245.24–246.1 Haag = XVIIIb.88 K.) explicitly comments that the diaphragm is most prone to madness (διὰφραγμα παραφροσύνην ἐτοιμώτατα φέρει) and adds (radically rewriting the history of the concept) 'for which reason the ancients called it *phrenes* (φρένας)'; a similar view is found in Aristotle, *PA* 672b30–6 (Louis 96): 'when, because of its proximity [to the heart] the diaphragm absorbs the hot, residual moisture, straightaway it manifestly disturbs thought and perception (ταράττει τὴν διάνοιαν καὶ τὴν αἰσθησιν), which is also why they are called φρένες, as if they partake in some way in thinking (φρονεῖν)'. The examples of laughter that follow (673a1–7 Louis) confirm this view of the φρένες as susceptible to stimuli such as tickling; cf. also *PA* 673a28 (Louis 97–8), and *Probl.* 35.6 (Mayhew II.396.14–15 = 965a14–15).

alone (μάτην ... τὸ ὄνομα ἔχουσι). A similar refutation is offered of the idea of the καρδίη as the centre of human faculties (*Morb. Sacr.* 17, 31.6–7 Jouanna = 6.392.21–394.1 L.): like the φρένες, the heart can feel (διότι ἡ καρδίη αἰσθάνεται τε μάλιστα καὶ αἱ φρένες), but it has no part in ‘intelligence’ (τῆς μέντοι φρονήσιος οὐδετέρῳ μέτεστιν), which is firmly located in the brain. Location, labelling and focus on the intellectual–rational part of mental life thus appear to be three areas of the study of mind that go together, intersecting and depending on one another.

The case of φρένες is especially instructive, as it also sheds light on another Hippocratic avoidance of traditional medical categories and familiar psychological concepts. While φρένες (along with the singular φρήν) is extremely common in various classical and archaic literary genres as a neutral term for mental life and individual mind,¹⁶³ in Hippocratic discussions of mental life the word is not prominent and indeed appears in only a handful of cases and is not always obviously assigned mental importance. This discussion is inseparable from the fact, marking a contradiction, that the only disease in Hippocratic nosology that has mental characteristics, and a key one, is a syndrome whose name evokes precisely the φρένες as affected part: *phrenitis*. Notwithstanding this, the Hippocratic texts largely ignore the *phrenes* in the traditional ‘Homeric’ sense.¹⁶⁴ The cause of derangement in *phrenitis* is posited to be the affection of blood by bile at *Morb.* 1.30 (86.19–20 Wittern = 6.200.11–12 L.), while in the counterexample at *Morb.* 3.9 (76.20–1 Potter = 7.128.6 L.), *phrenes* are mentioned (those affected by *phrenitis* are said to feel pain there, τὰς φρένας ἀλγέουσιν), but no localisation of mental faculties is involved. Nor is it at *Aff.* 10 (19.7 Potter = 6.218.9 L.), where *phrenitis* involves the *phrenes* (πρὸς τὰ σπλάγχνα καὶ τὰς φρένας) but with no specific mention of mental functions in them.

In a few cases, the φρένες appear as affected areas or faculty, although *phrenitis* is not discussed in these. The first example is in the description of the type of epilepsy that strikes young virgins in *Girls* (*Virg.* 1, 22.23–5 Lami = 8.468.5–8 L.), where blood flooding into the *kardiē* and *phrenes* causes derangement. At *Acut. (spur.)* 1 (68.11–12 Joly = 2.396.1 L.), a mental disturbance is mentioned, παραλλάξεις φρενῶν; the disease at stake here is a καῦσος, ardent fever.¹⁶⁵ Finally, at *Prorrh.* 2.9 (244.5–6 Potter = 9.28.18–19

¹⁶³ See Onians (1951) 13, 23–35, 39 for the pre-Hippocratic localisation in the lungs. I mean ‘neutral’ in opposition to the other common poetic terms, καρδία, θυμός and νοῦς, which have an intensified/emotional and intellectual flavour, respectively.

¹⁶⁴ For discussion of this term in the Hippocratic texts, see Onians (1951) 39; Langholf (1990) 40–2.

¹⁶⁵ In Galen’s commentary on this passage, moreover, the affected part in determining the mental disturbance is the head; φρένες is already understood by him to mean the intellectual faculties in the

L.), the φρένες are a function that can be impaired (τι κακὸν ἔχουσιν) within a discussion of the sacred disease.

On the whole, in the case of φρένες (unlike γνώμη) we note a more precise use as far as localisation and concreteness are concerned;¹⁶⁶ the word is used for the diaphragm or a location in the upper chest. Conversely, the noun has lost a distinctive mental meaning and the use as 'mind' in the personal sense prominent in epic and drama, where φρήν/φρένες is the most common mental term, especially in tragedy, to indicate character and psychological state. Precisely this inclusiveness in an ethical–personal sense, comprising long-lasting aspects of character, I suggest, as well as its lesser intellectual specification, made φρένες a less attractive term for authors in search of a technical vocabulary. In this way, the Hippocratics seem to specifically avoid a medicalisation of the word. A Herodotean passage provides an interesting contrast in this sense, as the historian is at ease employing φρένες to discuss how mental faculties are affected by biological facts. At *Hist.* 3.134.3, as Atossa encourages Darius to embark on a new conquest, her arguments culminate in a medical point:

You should show some industry now, while you are still young. For mental strength/thought/intelligence grows with the growing body, but grows old too with the aging body and loses its edge for all purposes (αὐξομένῳ γὰρ τῷ σώματι συναύξονται καὶ αἱ φρένες, γηράσκοντι δὲ συγγηράσκουσι καὶ ἐς τὰ πρήγματα πάντα ἀπαμβλύνονται).

A similar avoidance is in question for ψυχή, but this time even more blatantly. In non-medical texts up to the classical age, ψυχή can notoriously indicate a seat of personality and identity, a life principle and even life itself, with its duration: spirit, soul, anima as seat of moral and psychological/emotional self, character or the surviving ghost of the dead.¹⁶⁷ As such, this is perhaps the most important Greek 'psychological' term, with an enormous legacy in Western culture. In our texts, what is striking is that only in a few cases is ψυχή used to indicate specifically an ethical/spiritual

abstract rather than the anatomical portion of the body: παραφροσύνην δ' ἐμάθομεν γίνεσθαι διὰ τε χολὴν ἀναδραμοῦσαν ἐπὶ κεφαλὴν (*Comm. Hipp. Acut.* 4.4, 275.23–4 Helmreich = XV.741 K.).

¹⁶⁶ See Stefanelli (2010) 19–23 on traditional uses of φρήν; 44–96 for an important discussion of physiology, interpreting the term essentially as cavity/cavities where heat is produced and stored. Especially if one accepts these conclusions, however, it is surprising that the Hippocratics did not make greater use of the term.

¹⁶⁷ On ψυχή in Greek culture (excluding the huge philosophical discussion), see Rohde (1890–4); Snell (1946/1960); Onians (1951) 93–199; Bremmer (1983); Sullivan (1995, 1997, 1999, 2000); Clark (1999); Cairns (2014b); Bartoš (2015) 165–71.

nexus or even a mental sphere.¹⁶⁸ Otherwise, the word corresponds mostly to a part of human physiology, perhaps a 'vital spirit', which can grow as well as decline. Thus at *Nat. Hom.* 6 (178.16–17 Jouanna = 6.44.9–10 L.), criticising those who simplistically believe that the life or vitality of a person must be in the blood: 'they think that this is the ψυχὴ for man' (τοῦτο νομίζουσιν εἶναι τὴν ψυχὴν τῷ ἀνθρώπῳ), while most explicitly and idiomatically, at *Morb.* 1.5 (12.13 Wittern = 6.148.2 L.), death equals 'a release of the ψυχὴ' (τὴν ψυχὴν μεθεῖναι).¹⁶⁹

An understanding of ψυχὴ in a psychological sense, like the one found in late tragedy and that we understand to involve personal experience and character, is only hinted at in our texts, and selectively in any case. The relevant occurrences are largely confined to *Regimen*, *On Humours* and *Epidemics* 6. In the first, the ψυχὴ is often mentioned as part of human health: the wrong type of diet may 'trouble the soul' (ταρασσει τὴν ψυχὴν, *Vict.* 3.71, 204.3 Joly-Byl = 6.610.8 L.), or excretion may (ἀπόκρισις ... ἐτάραξε τὴν ψυχὴν, *Vict.* 4.88, 220.10 Joly-Byl = 6.644.2–3 L.). Existential reasons can be the cause of distress: 'a trouble in the soul ... because of worry/anxiety' (ψυχῆς τινα τάραξιν ... ὑπὸ μερίμνης, *Vict.* 4.89, 222.28–9 Joly-Byl = 6.648.19–20 L.); the soul can be an agent of desire (ψυχῆς ἐπιθυμίην, *Vict.* 4.93, 230.2 Joly-Byl = 6.660.10 L.), as reflected in certain dreams. Most of all, there is the extensive discussion in *Vict.* 1.35 of ψυχὴ as site of mental life and character, 'mind', which can be affected from the outside and has an individualised nature. I have referred to this passage several times already, and it is useful to summarise it briefly. Here the functions of ψυχὴ and its distinctive qualities are introduced under the umbrella of φρόνησις (περὶ δὲ φρονήσιος ψυχῆς ὀνομαζομένης καὶ ἀπροσύνης). The six different types of 'soul' presented correspond to varying mixtures of fire and water, and to each corresponds a speed in the revolution of the soul around the body cavity (at *Vict.* 1.35, 150.29–156.18 Joly-Byl = 6.512.20–522.16 L.).¹⁷⁰ Depending on how its speed allows sensory perception to

¹⁶⁸ It is absent, for example, from the *Sacred Disease*, on which see Lo Presti (2008) 14.

¹⁶⁹ See also *Epid.* 6.5.2 (106.1 Manetti-Roselli = 5.314.14 L.) and the various discussions of heat as substantial to the vitality of the soul (θερμὸν ... τῆς ψυχῆς) in the later text *Hebd.* 14 (23.90 Roscher = 8.641.10 L.); 19 (29.8–9 and 16–17 Roscher = 8.643.9 and 8.643.11–12 L.); 23.51–2 (37.51–2 Roscher = 8.646.12 L.); 28.23–4 (49.23–4 Roscher = 8.653–4–5 L.); 52 (79.2–32–3 Roscher = 8.672.23–3 L.). This text, with its combination of close medical observation of symptoms and philosophical conceptualisation of the soul as responsible for life and implicitly for mental functions, should be considered most likely late (Mansfeld 1971 proposed the first century CE, against Roscher's sixth-/fifth-century date). In any case, the inclusion of this sign testifies to its long tradition. See also Stefanelli (2010) on the topic of heat and the soul; Gundert (2000) 18.

¹⁷⁰ On this famous passage within the Hippocratic theory of cognition and sensory faculties, see van der Eijk (2011) on ψυχὴ in *Regimen*. Prior discussions are Hüffmeier (1961); Hankinson (1991);

take place, the soul acquires different qualities. The characteristics of the six typologies, which help us substantiate what is meant by φρόνησις and ἀφροσύνη, are reasoning and understanding; sensory capacities; and to a lesser extent the emotions, as discussed earlier.¹⁷¹ The ideal kind of ψυχή, which is described first, is made of the 'moistest fire' and 'driest water', and is in well-tempered balance (πυρὸς τὸ ὑγρότατον καὶ ὕδατος τὸ ξηρότατον κρῆσιν λαβόντα ἐν τῷ σώματι φρονιμώτατον). This soul is at the zenith of φρόνησις and is φρονιμώτατη and μνημονικωτάτη. Six less than perfect variations follow. First, as the purest fire and water interact with each other in such a way that the fire falls a little short of the water (*Vict.* 1.35, 152.8–13 Joly-Byl = 6.514.9–16 L.), individuals are intelligent (φρόνιμοι) but lesser than the first (ἐνδεέστεροι), duller in their senses but also 'constant to/focused on their goals' (παραμόνιμοι ... πρὸς ὃ τι ἂν προσέχωσιν); such individuals can improve, and become φρονιμώτεροι καὶ δξύτεροι through the right diet. In the second type, fire is overpowered by water (*Vict.* 1.35, 152.28–154.7 Joly-Byl = 6.516.7–518.2 L.); it follows that such souls should be slower (βραδυτέρην ἀνάγκη ταύτην εἶναι), and these individuals 'are called idiots', καὶ καλέονται οἱ τοιοῦτοι ἡλίθιοι.¹⁷² This soul, moving slower than the imput the senses provide, is exposed only for an instant (κατ' ὀλίγον) to the content of the senses, and limited apprehension follows. Third, when the fire is even more mastered by water and the disproportion is exacerbated (*Vict.* 1.35, 154.7–13 Joly-Byl = 6.518.2–10 L.), the individuals are called 'stupid' or 'thunderstruck' (τούτους ἥδη οἱ μὲν ἄφρονας ὀνομάζουσιν, οἱ δὲ ἐμβροντήτους). Their flaw is greater slowness and a misapprehension of reality (which can be explained as a more severe version of the impairment referenced above, where the senses cannot perceive properly). Theirs is an 'even slower *mania*' (ἔστι δ' ἡ μανίη τοιούτων ἐπὶ τὸ βραδυτέρον), which makes them react inappropriately to external stimuli: 'they weep for no reason, fear what is not dreadful, are

Gundert (2000); Jouanna (1984/2012); see also Joly *ad loc.*; Lo Presti (2008) 80–5, (2016) 170–3. Byl (2002) discusses what he calls 'le vocabulaire de l'intelligence' in the text, although including under this label also aspects that are generally mental but have no strict intellectual meaning, such as μοῖνομαι and δνειρώσσω.

¹⁷¹ On this passage and its continuation in 1.36, see also above, pp. 341–2.

¹⁷² The term ἡλίθιος appears in a discussion at [Pl.] *Alc.* 2 140c–d. Socrates echoes the *Regimen* passage and appears to question the gradations it proposes: 'men differ in regard to want of sense (τὴν ἀφροσύνην). Those who are most out of their wits we call "madmen (μαινομένους)", while we term those who are less far gone "stupid or idiotic (ἡλιθίους τε καὶ ἐμβροντήτους)" or, if we prefer gentler language, describe them as "romantic" (μεγαλοψύχους) or "simple-minded" (εὐήθεις) or, again, as "innocent" or "inexperienced" or "foolish" (ἀκάκους καὶ ἀπείρους καὶ ἐνεούς). You may even find other names, if you seek for them; but by all of them lack of sense (ἀφροσύνη) is intended.' See Bartoš (2015) 232 on the parallel.

pained at what does not affect them, and their sensations are really not at all those that a sensible person should feel' (οὗτοι κλαίουσι τε οὐδενὸς ἔνεκα δεδίασι τε τὰ μὴ φοβερὰ λυπέονται τε ἐπὶ τοῖσι μὴ προσήκουσιν αἰσθάνονται τε ἢ τι ἢ οὐδέν, ὥς προσήκει τοὺς φρονέοντας). If the power of water proves insufficient to overcome fire (*Vict.* 1.35, 154.13–21 Joly-Byl = 6.518.10–20 L.), the result is an intelligent soul in a healthy body (ἐν ὑγιαίνουσι σώμασι φρόνιμος ἡ τοιαύτη ψυχὴ), which perceives quickly and keenly (ταχέως αἰσθανομένη τῶν προσπιπτόντων), a 'good soul' (ψυχῆς ἀγαθῆς). As fire overpowers water even further (*Vict.* 1.35, 154.21–156.5 Joly-Byl = 6.518.20–520.17 L.), there is more speed and as a consequence a tendency towards hasty judgement (ἦσσαν δὲ μόνιμον τῶν πρότερον, διότι θᾶσσαν ἐκκρίνεται τὰ παραγινόμενα καὶ ἐπὶ πλείονα ὀρμαῖται διὰ ταχυτήτα). In this type of person, reduction of flesh through diet affects the intelligence (ἀσαρκεῖν τοῖσι τοιοῦτοις πρὸς τὸ φρονίμους εἶναι), as inflammation of the blood ensues accompanied by μανίη (πρὸς γὰρ σαρκὸς εὐεξίην καὶ αἵματος φλεγμονὴν ἀνάγκη γίνεσθαι· ὅταν δὲ τοῦτο πάθῃ ἡ τοιαύτη ψυχὴ, ἐς μανίην καθίσταται). Finally, if fire prevails even more, the soul becomes too fast (*Vict.* 1.35, 156.3–18 Joly-Byl = 6.520.17–522.16 L.) and such people suffer from dreams (or wet dreams?) and are 'somewhat mad', as their condition is similar to madness (ὁξέα ἡ τοιαύτη ψυχὴ ἄγαν, καὶ τούτους ὄνειρώσσειν καλέουσι, οἱ δὲ αὐτοὺς ὑπομαίνεσθαι· ἔστι δὲ ἔγγιστα μανίης τὸ τοιοῦτο).

This is a unique theory of mind in Greek medicine and indeed in literature generally, and no match for or reflection of it can be found in clinical texts. Its uniqueness is not only in the details and the thematisation of 'mind' as an item that can have different biological qualities in different people, but in the concept of character, of mental make-up characterising an individual from birth, even if it remains modifiable through regimen. Interest in the psychological nature of the individual is generally alien to our texts, as already noted;¹⁷³ it should therefore not be taken as representative of Hippocratic views of mental health or of the ψυχὴ in medical contexts. Moreover, this outlook too remains a materialistic, physiological one: the psychology proposed is firmly grounded in the body, and

¹⁷³ Contrast in this respect, as an illustration of medicine's different attitude, the Galenic comments in *Comm. Hipp. Prorrh. I*, 3.31 (144.5–8 Diels = XVI.781–2 K.), where a distinction between types of individuals is posed: 'We take as measure ... the average people, who are sometimes senseless, sometimes are just said to be so; but what matters the most is if it is in their nature to understand or if it is not, and they are on the contrary obtuse in their understanding' (καλοῦμεν γὰρ εἰς τὰ τοιαῦτα πάντα μάρτυρας ἰδιώτας <οὐ τοὺς> ἀδιανοήτους | ὄντας τε καὶ ὀνομαζομένους, ἀλλὰ μάλιστα μὲν εἰ οἷόν τε τοὺς φύσει συνετούς, εἰ δὲ μὴ, ἀλλὰ γε μὴ τοὺς νωθροὺς τὴν διάνοιαν).

the φρόνησις under discussion concerns a soul about which our author has clearly stated, elsewhere, that it is 'a part of the human body', μοῖρα σώματος ἀνθρώπου (*Vict.* 1.7, 130.18–19 Joly-By = 6.480.9 L.).

In *Hum.* 9, ψυχῆς is used as a heading for various traits of character and mental reactions, as already discussed.¹⁷⁴ *Epid.* 6.5.5 (110.4 Manetti–Roselli = 5.316.8–9 L.), finally, takes us closer to a concept of soul as seat or organ of mental functions with the concept of 'wandering of the soul' (ψυχῆς περίπατος).¹⁷⁵

Other than in these three texts, the ψυχή is unimportant in Hippocratic physiology and especially pathology. The most conspicuous absence of the term, in fact, is from the patient cases of the *Epidemics* (and generally any clinical passage), despite their rich accounts of mental distress. The term is clearly taken by the Hippocratics to be useful for theoretical discussions but, I suggest, might have felt too loaded and evocative for the actuality of patient reports.

5.3.5 Consciousness and Self-Awareness

Self-awareness is here taken to mean an awareness of oneself as a thinking being and an individual identity grounded in a body. A search for a concept so clearly formulated in ancient medicine would be doomed to failure, but on occasion our authors do hint at something of this sort.

At *Vict.* 3.68 (198.12–15 Joly-Byl = 6.600.6–9 L.), for example, γνώμη is precisely a 'self-awareness' of one's physiology, by virtue of which trees and men are opposed: 'just as trees, which have no intelligence, prepare for themselves growth and shade to help them in summer, so [all the more] ought man, seeing that he does possess intelligence, prepare an increase of flesh that is healthy' (ὥσπερ καὶ τὰ δένδρεα ... οὐκ ἔχοντα γνώμην ... καὶ τὸν ἄνθρωπον· ἐπεὶ γε γνώμην ἔχει, τῆς σαρκὸς τὴν αὔξησιν δεῖ ὑγιερῆν παρασκευάζειν). Human γνώμη, it seems to be suggested, urges a person to provide for the sound growth of his body in a way unavailable to the γνώμη-less trees; γνώμη is a sense of appropriate organisation of an animal's physiological functions through a reasonably chosen diet, a task other creatures (such as plants) perform automatically. This γνώμη is not

¹⁷⁴ See above, pp. 40–1, for this passage. Finally, the ψυχή as a place that contains thoughts that can vary under the influence of wine, and that is itself modified by wine, appears at *Flat.* 14 (122.6–8 Jouanna = 6.112.5–7 L.), 'in drunkenness, since the blood suddenly increases in quantity, the souls change, as do the thoughts in the souls' (ἐν τῇσι μέθησι, πλέονος ἑξαίφνης γενομένου τοῦ αἵματος, μεταπίπτουσιν αἱ ψυχαὶ καὶ τὰ ἐν τῇσι ψυχῇσι φρονήματα).

¹⁷⁵ See above, p. 358.

only acquired knowledge and wise behaviour, but also a reflexive sense of one's vital existence and needs. *Regimen* shows a significant interest in the nuances of difference between animal and human intellectual and psychological life expressed by reference to συνίμι and cognates, as well as γινώσκω and γνῶμη.¹⁷⁶ This sphere of human cognition and knowledge is problematised at *Vict.* 1.11 (134.22–4 Joly-Byl = 6.486.14–15 L.): 'the mind of the gods has taught human beings to imitate their own (nature), knowing what one does while doing it, but not what one imitates' (θεῶν γὰρ νοῦς ἐδίδαξε μιμέσθαι τὰ ἑωυτῶν, γινώσκοντας ἃ ποιέουσιν, καὶ οὐ γινώσκοντας ἃ μιμούνται). The author might be alluding here precisely to the automatic consciousness that requires no practice or doing (ποιεῖν), but that is fully aware as it 'imitates' the mind and understanding of the gods.¹⁷⁷

A more precise match to our idea of consciousness is found in the negative context of pathology: *Morb.* 2.21 (155.12–14 Jouanna = 7.36.3–4 L.) describes a patient who reacts only with groaning to external stimuli, and passes urine without realising it: 'and if someone calls him or moves him, he does not realise anything (ξυνιεῖ δ' οὐδὲν), and urinates in large quantities and does not try to hold it';¹⁷⁸ at *Coac.* 569 (Potter 249.23–4 = 5.714.18–19 L.) it is clearly said that in general 'deadly is any urine which is passed unawares' (τὸ λαθραῖος οὐρούμενον). From a pathological context, self-awareness is again at issue at *Morb. Sacr.* 12 (22.13–23.5 Jouanna = 6.382.19–384.3 L.), the psychological portrayal of the epileptic before an attack: γινώσκω indicates the patient's consciousness of his own illness and awareness of the impending crisis with its implications of shame and social inconvenience.

5.3.6 Memory, Recognition, Learning

Memory as a thematised category of disturbance is also absent from our texts. Nothing in our sources is comparable to Aristotle's *De Memoria et*

¹⁷⁶ *Regimen* is the text where vocabulary of cognition is most extensively used, bringing together the intellectual faculties of the patient/recipient of a diet, those of the good physician and the intellectual pride of the authorial voice – thus, human intellectual faculties generally.

¹⁷⁷ See also Chapter 4, pp. 330–1, regarding the belly at *Vict.* 1.12 (136.12–14 Joly-Byl = 6.488.10–13 L.): it is a dull organ which 'is without consciousness (ἄσύνετον), yet by means of it we are conscious (συνίμεν) of hunger and thirst'. The discussion on proprioception is inseparable from the one on self-awareness and consciousness in our texts, all three being modern concepts (here anachronistically applied).

¹⁷⁸ The later text *Hebd.* 51.105–8 (77.105–8 Roscher) uses συνίμι in exactly this sense: 'half-mad without tremors and unaware, as well as not hearing or understanding is deadly' (καὶ ὑπολυσσέων ἄτρεμα καὶ ἀγνοέων καὶ μὴ ἀκούων μηδὲ συνιείς θανατῶδες).

Reminiscentia, in which the faculty is fundamentally described as the knowledge of events past as recalled in the present (cf. especially 449b4–30). This treatise is the first dedicated discussion of the topic in ancient thought and its first organic thematisation as a natural phenomenon, devoid of religious or metaphysical implications.¹⁷⁹ The philosopher explores the nature of memory and recollection and their connection to the faculty of imagination, locating failures to recollect clearly in the corporeal sphere (σωματικὸν τι τὸ πάθος, 453a14–15), mentioning the categories of melancholics (453a19) and of 'those who have larger upper parts, that is dwarfish' (453a31–b1) as especially subject to shortcomings in the area of recollection, the former since they are moved by images and moist around the area of sensation, the second because they 'have a heavy load on their faculty of sense'.¹⁸⁰

Although the rooting of memory in the health of the body is fundamentally the same in our texts and Aristotle, there is no comparable theoretical discussion or explanation for memory and its functioning in the former. Instead, the topic surfaces mainly in the descriptions of symptoms in the clinical reports, where it appears to be one of the subjective experiences to be monitored. By comparison with the Aristotelian text, the lack of interest in aetiological discussion and the clinical focus are overt. Memory is first and foremost relevant as a detail in the picture of an individual's health; it is included at *Epid.* 6.6.2 (124.1 Manetti–Roselli = 5.322.11 L.), γνώμης, μνήμης, ὀσμῆς, τῶν ἄλλων ('reason, memory, smell and all the rest') as an indicator of health, while in *On Humours*, μνήμη is again explicitly associated with other intellectual faculties as an aspect to be observed: 'reasoning, learning, memory' (γνώμης, μαθήσιος, μνήμης, *Hum.* 2, 160.7–8 Overwien = 5.478.12–13 L.).

In patient cases, memory is found both as mindfulness of one's personal, social and familial life and present health condition (or recollection of earlier disease stages), and as recollection of recent experiences (or a pathological lack thereof). The Hippocratic writers seem in fact to differentiate between two types of mnemonic impairment, which might be distinguished in modern terminology as anterograde and retrograde amnesia.¹⁸¹ At *Epid.* 1.26, case 4 (205.14–206.16 Kühlewein = 2.690.11–694.2

¹⁷⁹ See Detienne (1967) for the *laïcisation* of memory in Greek culture; Vernant (1965/2006) 115–56 on 'mythical aspects of memory and time' in Greek culture.

¹⁸⁰ On Aristotelian ideas on memory, see Bloch's edition of the treatise (2014); King (2009) 20–89.

¹⁸¹ Also known as damage in the 'procedural' and the 'declarative' memory. Anterograde amnesia is the inability to create new memories; retrograde amnesia is the inability to recall memories prior to the onset of disorder.

L.), the wife of Philinus has trouble sleeping and delirium (παρέκρουσε, παρέλεγε), followed by recovery. In the report that follows for the eleventh day, we read that 'she remembered everything/she had awareness of all her needs/functions (πάντων ἀνεμνήσθη); but soon she was again deranged' (206.6–7 Kühlewein = 2.692.9–10 L.). The aspect of memory – not mentioned before in this case – designated by ἀναμνησκειν belongs to a sphere of recovery set as antithetical to mental pathology, παρακρούειν. ἀναμνησκειν thus does not only indicate recollection of given past events, but can also mean 'to mention, recall in an exposition' in a professional context,¹⁸² or 'to be on top of one's game', so to speak. This is in fact what the verb appears to mean a few words later, as the case develops (206.7–9 Kühlewein = 2.692.10–11 L.): 'a copious passing of urine with convulsions – her attendants *seldom needing to remind her* [to pass urine/to go to the toilet?]' (οὔρει δὲ μετὰ σπασμῶν ἀθρόον πολὺ ὀλιγάκις ἀναμνησκόντων). Even though the patient was again deranged, she retained the measure of control over her bodily physiology that ἀναμνησκειν indicates. The verb is rare in the *Epidemics*, so using it might be interpreted as a reference to a more integrated consciousness of one's state and surroundings as opposed to remembering a piece of information.¹⁸³

Another case that addresses aspects of memory is Apollonius in *Epid.* 3.17, case 13 (242.8–243.12 Kühlewein = 3.136.14–140.13 L.). Here anterograde memory is in point in two passages. First (242.21–2 Kühlewein = 3.138.11 L.), we find 'forgetfulness of everything that he was saying; he was deranged' (λήθη πάντων, ὃ τι λέγοι παρεφέρετο), then a few lines later (243.5–6 Kühlewein = 3.140.6–7 L.), 'since the moment he took to bed, he could not remember anything, but he quickly recovered' (ἐξ οὗ δὲ κατεκλίνη, οὐδενὸς ἐμνήσθη· πάλιν δὲ ταχὺ παρενόει). The patient is reported to experience short-term memory impairment in an apparent context of mental suffering. λήθη, 'forgetfulness, memory loss', also occurs at *Epid.* 3.6 (227.6–7 Kühlewein = 3.82.2–3 L.), in a discussion of *phrenitis* and ardent fevers: 'about the time of the exacerbations, there was a loss of memory with prostration and speechlessness' (περὶ δὲ τοὺς παροξυσμοὺς λήθη καὶ ἄφεςις καὶ ἀφωνία).¹⁸⁴

¹⁸² At *Epid.* 1.17 (194.3 Kühlewein = 2.648.13–650.1 L.), ἀναμνήσομαι, 'I mention, I recall', is used of the writing physician; likewise at *Epid.* 2.2.24 (42.20–1 Smith = 5.96.17–98.1 L.). ἀπολόμενον δὲ εἴ τινα εἶδον ἀναμνήσομαι; cf. *Vet. Med.* 2.3 (120.11 Jouanna = 1.574.3 L.).

¹⁸³ As opposed to the more common μνησκω.

¹⁸⁴ Compare *Prorrh.* 1.64 (82.6 Polack = 5.526.6–7 L.), 'lack of awareness with cold, bad; and loss of memory is also bad' (μετὰ ῥίγεος ἄγνοια, κακόν· κακόν δὲ καὶ λήθη).

The case of the son of Eratolaus at *Epid.* 7.3 (51.10–14 Jouanna = 5.370.10–13 L.) contains a more articulate report of anterograde memory, worth citing in full:

loss of memory of this sort: he would ask something he wanted to know, subside awhile and then ask it again, and repeat it as though he had not spoken. He would forget that he was sitting at stool unless someone reminded him of it. He himself noticed the ailment, and he was not unaware.

λήθη δέ τις τοιαύτη· ἐρωτήσας ὃ τι πύθοιτο, σμικρὸν καὶ διαλιπὼν, πάλιν ἠρώτα καὶ ἔλεγεν αὐτίς, ὥς οὐκ εἴη εἰρηκῶς, καθεζόμενός τε ἐπελανθάνετο εἰ μή τις ὑπομιμνήσκοι αὐτόν· καὶ αὐτὸς ἔωυτῷ ξυνήδει τὸ πάθος, οὐδ' ἠγνόει.

This experience of memory alteration is qualitatively peculiar in the physician's view, 'of such a kind' (τοιαύτη), as he goes on to describe: the patient cannot remember his immediate past and present condition (for example, where he is sitting). This is a sense of 'memory' similar to the general control of oneself noted above, the realisation of the need to urinate (with ἀναμιμνήσκειν). At the same time, the patient is aware of this impairment (ξυνήδει τὸ πάθος, οὐδ' ἠγνόει), the physician insists, referring to the self-awareness mentioned in the previous section. Terms from the cognitive sphere are used as corrective to a failure in memory, showing a common level of assessment if not a neat notion of 'reason' and cognition as categories of the mind.

'To forget' (ἐπιλήθεσθαι) is mentioned at *Morb. Sacr.* 15 (28.4–7 Jouanna = 6.388.21–4 L.) in the context of the encephalocentric doctrine: the over-flooding of the brain with phlegm causes distress and anguish (ἀνιάται καὶ ἀσάται) and ultimately loss of memory (ἐπιλήθεται). Being ἐπιλήσμων is also a consequence of wine drinking at *Flat.* 14 (122.8–9 Jouanna = 6.112.7–8 L., γίνονται τῶν μὲν παρεόντων κακῶν ἐπιλήσμονες), while at *Coac.* 157 (140.17–20 Potter = 5.618.4–7 L.) the condition is part of a profile of mental disturbance: 'you should expect persons without a fever who have headache and ringing in the ears and vertigo, slowness of speech and numbness of the arms, to suffer from apoplexy or epilepsy, and also forgetfulness (ἢ ἐπιληπτικούς προσδέχου τούτους ἔσεσθαι, καὶ ἐπιλήσμονας)'. The term here seems to apply to a more general and lasting impairment, an acquired tendency to suffer from apoplexy, epilepsy and 'forgetfulness', without further specification.

Finally, mnemonic abilities are mentioned as part of the make-up of a healthy soul at *Vict.* 1.35. In particular, a balance of pure fire and water can make the soul 'most intelligent and with the best memory ... [and, on the

contrary,] most unintelligent [as the disproportion widens]' (φρονιμωτάτη καὶ μνημονικωτάτη ... [and] ἀφρονέστατον' (152.6–7 Joly-Byl = 6.514.7 L.).

Memory disturbance thus seems to be mostly anterograde in our texts. The failure due to a disease to recognise oneself or one's family and acquaintances, i.e. memory of the retrograde kind, was notably included by Thucydides in his description of the Athenian plague as a symptom to which patients were susceptible. At 2.49.8, those who survived 'were taken by forgetfulness of everything, and could not recognise themselves or their family' (τοὺς δὲ καὶ λήθη ἐλάμβανε παραυτίκα ἀναστάντας τῶν πάντων ὁμοίως, καὶ ἠγνόησαν σφᾶς τε αὐτοὺς καὶ τοὺς ἐπιτηδείους). Galen interprets this passage as referring to damaged visual faculties (*Quod Anim. Mor.* 5, 49.3–9 Müller = IV.788.12–17 K.): 'what Thucydides states as happening to many people, and which we observed in the plague which occurred a few years ago, will seem similar to a phenomenon of being unable to see anything because of rheum or cataract, although the actual capacity of sight has not suffered any harm'.¹⁸⁵ If we consider the passage in the light of other Hippocratic testimony, however, Galen's interpretation seems to be reductive of a deeper, widely noted incapacity of patients to recognise familiar faces or remember past events. The ability or inability to recognise friends, kinsmen or acquaintances is in fact often valued. At *Epid.* 7.89 (103.14–15 Jouanna = 5.446.14 L.), a positive sign in the case of the suicidal Parmeniscus is retrospectively found in the fact that he could recognise visitors (ἐπιγινώσκειν τοὺς ἐσιόντας); the wife of Hermoptolemus at *Epid.* 7.11 (60.13–14; 61.22–3 Jouanna = 5.384.19–20; 386.20–1 L.) 'recognised everyone and everything straight away after the first hours of the day' (ἐπεγίνωσκειν μὲν πάντας καὶ πάντα ἤδη μετὰ πρῶτας εὐθύς ὥρας) and 'showed recognition and answered questions' (ἐπεγίνωσκε καὶ πρὸς τὸ ἐρωτώμενον ὑπεκρίνετο); while of Cydis' son, a patient who was also mentally affected, it is said that at times οὐκ ἐπεγίνωσκεν οὐδέν, 'he could not recognise anyone' (*Epid.* 7.5, 53.20–1 Jouanna = 5.374.7 L.).¹⁸⁶

This conceptualisation of memory as a broad familiarity with one's social and physical context is reflected in non-medical representations as well, and not only in contexts of pathology such as the plague. It is especially evident in tragedy in the particular kind of madness that leads to violence towards one's closest relatives: Heracles in Euripides' *HF* is led

¹⁸⁵ Galen returns elsewhere to this aspect of the Thucydidean plague: at *De Symptomatum Differentiis* 3.11–13 (226.17–22 Gundert = VII.62.1–6 K.; *Sympt. Caus.* 7 (VII.200.15–201.10 K.), attributing the cause of memory loss to cold humour.

¹⁸⁶ What seems to be discussed in these instances is a kind of dissociative disorder (with subsequent recovery from it), in which face recognition is impaired and memory operates only selectively.

precisely to fail to recognise his own children and kill them; so is Agave in the *Bacchae*, who kills her own son. In a different way, Oedipus' blindness is a failure to recognise his own family members as he should, exemplified in his incestuous crime. Continuity seems to be a firm feature of mental health in the classical period and is given more importance than memory in a restricted sense as 'recollection of data'.

5.3.7 Intelligence as Performance and Content-Related

Even if we accept the criticism offered by cultural critics such as Goodey in this respect, however, we must unavoidably recognise a sense in which human 'intelligence' can be assessed, ranked and in a sense 'measured'. Two aspects are fundamental to this stance: first, that 'intelligence', mental efficiency, should be measured in performance and thus in terms of speed, effectiveness and accuracy; second, and as a consequence of this, that it must be associated with content. Occasionally our texts allow such a discussion.

In *Sacred Disease*, for example, it is suggested that the intelligence in the brain is a divisible entity: at 16 (29.16 Jouanna = 6.390.19 L.), 'whatever of intelligence and understanding [the brain] has' (ὅ τι ἂν ᾗ φρόνιμόν τε καὶ γνώμην ἔχον) is said to come to it through the air. What is under discussion here is thus an active faculty that can have degrees (ὅ τι ἂν ᾗ, 'whatever it has'). A similar expression, with the noun φρόνησις used to isolate mind and mental faculties, is found at *Flat.* 14 (121.9–11 Jouanna = 6.110.16–18 L.), where blood is in question: 'none of the features at work in the body has more to do with intelligence/thought than blood' (οὐδὲν ἔμπροσθεν ... εἶναι μᾶλλον τῶν ἐν τῷ σώματι συμβαλλόμενον ἐς φρόνησιν, ᾗ τὸ αἷμα).¹⁸⁷ So too at *Flat.* 14 (122.13 Jouanna = 6.112.11 L.), we read that 'if all the blood experiences a thorough disturbance, the intelligence is utterly destroyed (παντελέως ἡ φρόνησις ἐξαπόλλυται)'. The use of φρόνησις seems to suggest that the discussion is precisely about intellectual acts with content, rather than mental abilities as potentiality. Moreover, παντελέως suggests degree and measurability rather than abstract faculties, a potentiality that is as such not 'measurable'.

ξύνεσις¹⁸⁸ can also indicate intellectual faculties that can be measured or at least be an object of comparison between different individuals. At *Aer.*

¹⁸⁷ The term φρόνησις recurs in this treatise for mental faculties, and is specific to it and *De Morbo Sacro*. See Hüffmeier (1961) for discussion.

¹⁸⁸ The Hippocratic use is semantically restricted, devoid of any ethical meaning along the lines of a concept of 'conscience'. On the wider usage of σύνοιδα in fifth-century Greek in various syntactic constructions, see Bosman (2003) 49–59; Sorabji (2014) 11–29.

5 (197.4–5 Jouanna = 2.24.2–3 L.), we read in regard to the characteristics of specific populations that ‘they are better than the men towards Boreas [the north wind] in spiritedness and understanding (ξύνεσιν)’ (ὀργήν τε καὶ ξύνεσιν βελτίους εἰσὶ τῶν πρὸς βορέην). ξύνεσις can be linguistically constructed as divisible: at *Epid.* 2.6.19 (86.8–9 Smith = 5.136.12 L.), a certain vein in the breast has the ‘greatest part in/of understanding’ (μέγιστον ἔχει μόριον συνέσιος), while at *Morb.* 1.30 (86.19–20 Wittern = 6.200.11–12 L.) the same expression is used of blood, ‘blood in man has *the largest share* in understanding’ (τὸ αἷμα ἐν τῷ ἀνθρώπῳ πλεῖστον συμβάλλεται μέρος συνέσιος) – two identical and very specific uses of the term.

Degree and qualitative connotation return in a patient case with strong mental characterisation at *Epid.* 7.11 (61.14–15 Jouanna = 5.386.14–15 L.), where the patient’s progress is assessed thus: ‘thirst still the same, and as for reasoning, also the same’ (ἡ δίψα δὲ ὁμοίη καὶ τὰ περὶ τὴν διάνοιαν ὅμοια). At stake is some measurable faculty, one that can remain stable, grow in intensity and be predicated with different qualities. Compare *Epid.* 7.1 (48.11–12 Jouanna = 5.364.18 L.), intelligence can be ‘bolder/wilder’ (ἡ διάνοια θρασύτερη); or *Aph.* 2.33 (394.1–2 Magd. = 4.480.5–6 L.), where intelligence can be corroborated; ‘strengthening oneself in reason’ (τὸ ἐρρῶσθαι τὴν διάνοιαν) as well as enjoyment of food are good signs.

As for content, at *Vict.* 4.86 (218.9–10 Joly-Byl = 6.640.12–13 L.), γιγνώσκω is used precisely to indicate the cognition with content that is conducted by the soul while the body is asleep: ‘she is awake and *recognises* [things?], sees what is visible and hears what is audible’ (ἡ δ’ ἐγρηγοροῦσα γινώσκει, καθορῇ τε τὰ ὁρατὰ καὶ διακούει τὰ ἀκουστά), while awake ‘the intellect never enjoys independence’ (αὐτὴ δὲ ἐξωτῆς ἡ διανοίη οὐ γίνεται, 218.7 Joly-Byl = 6.640.8 L.). What kind of activity does γιγνώσκω indicate here? The reference seems to be to recognition of the information sent by the senses, as the soul replaces their input and acquires content by itself.¹⁸⁹ Conversely, on the negative side, the idea of distraction or a lack of concentration on content – to use a modern expression – can be traced in the term ἀγνώσις as it is used at *Morb. Sacr.* 14 (26.7–9 Jouanna = 6.388.1–3 L.), where the author discusses the control the brain exerts over most activities. It is from this part of the body that, among the other things, we are affected by ‘inopportune mistakes, aimless anxieties, absent-mindedness and acts contrary to habit’ (πλάνοι ἄκαιροι καὶ φροντίδες οὐχ ἰκνεύμεναι, καὶ ἀγνώσιαι τῶν καθεστέων καὶ ἀηθίαι). Mental disturbance may affect the ability to ‘think things’ also at *Mul.* 1.68

¹⁸⁹ Perhaps through recollection – compare below, pp. 303–4.

(8.144.22 L.): fumigations are in order when the woman is at the peak of pain and 'has nothing [else] in mind' (μηδὲν ἐν νόῳ ἕτερον ἔχειν, i.e. cannot think because of pain, or cannot focus her thoughts).¹⁹⁰

The resultative noun φρόνημα is applied to the content of thoughts: 'the thoughts in [a person's soul]' (τὰ ἐν τῇσι ψυχῇσι φρονήματα) are affected by wine, for example (*Flat.* 14, 122.8 Jouanna = 6.112.7 L.). The word is also used to indicate the content of thought conducted by air, according to the epistemology of *Sacred Disease*, at *Morb. Sacr.* 9 (18.10–12 Jouanna = 6.376.21–2 L.): 'so the vessels let in the air, also intelligent thinking is present' (οὕτω παραδέχονται αἱ φλέβες τὸν ἥερα, καὶ τὸ φρόνημα ἐγγίνεται). Sometimes the verb φρονεῖν can also indicate performative reasoning with content and purpose; at *Gland.* 12 (119.24–5 Joly = 8.568.1–2 L.), the mentally affected person 'wanders about *thinking strange things* and seeing strange things' (περίεισιν ἄλλοῖα φρονέων καὶ ἄλλοῖα ὁρέων). This idea of a distorted, incorrect content of thought is often indicated through compounds in ἄλλο-. These could apply to the perceiving/thinking subject or to the object of perception (as in the ἄλλόμορφα σώματα, the content of hallucinations, at *Vict.* 4.93, 228.20 Joly-Byl = 6.660.1 L.). At *Morb.* 2.16 (150.15–16 Jouanna = 7.30.3 L.), the patient 'wanders off and *has alien thoughts* (ἄλλοφρονεῖ) due to the pain'; at *Mul.* 1.41 = 8.100.8 L., the woman 'has heartburn, and flushes, and *makes alien remarks* (καὶ ἄλλοφάσσει), and manic derangements follow'. Aristotle uses the verb ἄλλοφρονέω twice as he comments on a Homeric passage (*Il.* 23.698): at *Metaph.* 1009b30–1, he proposes that 'those who do not reason (παραφρονούντας) actually do reason (φρονούντας), but not with the same objects as content', while at *De Anima* 404a29–30, reinforcing Democritus' view that ψυχή and νοῦς are identical, since 'truth' is perceived by the senses, Aristotle says that Homer expressed himself correctly when he said that Hector was lying on the ground ἄλλοφρονέων.¹⁹¹

The loss of a grip, so to speak, on one's thoughts is implied in some expressions such as to be 'out of oneself' (ἐξ αὐτοῦ) or 'beside oneself'

¹⁹⁰ A flaw in the content of thought (obsessive ideas) might be at issue at *Epid.* 1.26, case 8 (209.20–21 Kühlewein = 2.702.14–15 L.), as well: we find ἐνύπνια καὶ λογισμοί in a patient who is going through a day in which all is 'extremely negative' (δυσφορώτατα). The use with reference to a patient would be a *hapax* in our texts and does not make easy sense here, where we would expect a negative term (Kühlewein proposes emending λογισμοί to λογοί πολλοί); a possibility is to interpret λογισμοί in the sense of obsessive thinking. At *Hum.* 4 (162.5–6 Overwien = 5.482.1–2 L.), πείθεσθαι προθυμείται ἐν τῷ λογισμῷ, '(whether) s/he is interested in receiving information in her/his mind' (i.e. in understanding properly) in one of the areas to be inspected by the doctor, with λογισμός suggesting ability to concentrate and fully understand.

¹⁹¹ See Lo Presti (2008) 65–6 on this passage; Sassi (1978) 163–5 on ἄλλοφρονέω in philosophical sources.

(παρ' ἑαυτῷ)¹⁹² and the reverse. ἐν-/ἐκφρων are recurrent in the same sense,¹⁹³ and the phrase 'he was not in himself' (οὐκ ἐντὸς ἑωυτοῦ ἐγένετο) is very common in *Epid.* 7, while analogous expressions using ἐκ, παρὰ, ἐντὸς and ἐκτὸς with the reflexive pronoun to denote (loss of) control over oneself are found here and elsewhere. Galen comments on the expression παρ' ἑωυτοῖσιν/παρὰ σφύσιν αὐτοῖς used in *Comm. Hipp. Prorrh. I*, III.31 (143.27–144.1 Diels = XVI.781 K.): 'not to be in oneself means to be unable to reason, but to be deviated in one's mental capacities' – apparently equating a sense of personal identity with reasoning ability (τὸ δὲ οὐκ εἶναι παρ' ἑωυτοῖσιν, τοῦτ' ἔστι μὴ κατανοεῖν, ἀλλὰ παραφέρεισθαι τὴν γνῶμην).

5.3.8 Personality and Judgement

The knowledge and discernment of patients, which are referenced rarely and in any case are secondary in clinical discussions, come to the centre in specific texts, such as *Regimen* and *Affections*. The capacity of patient and doctor to judge are an important area of intersection in these treatises, in particular in the concern in *Regimen* with instructing an intelligent individual regarding a healthy and appropriate lifestyle. At *Vict.* 1.1 (122.16–18 Joly-Byl = 466.18–468.2 L.), we find a methodological remark that concerns the general human attitude towards learning and knowledge:

Most people, when they have already heard one person expounding on a subject, refuse to listen to those who discuss it after him, not realizing (οὐ γινώσκοντες) that it requires the same intelligence (τῆς αὐτῆς ... διανοίης) to learn which statements are correct (γινῶναι τὰ ὀρθῶς εἰρημένα) as it does to make original discoveries (ἔξευρεῖν τε τὰ μήπω εἰρημένα).

The author is here reflecting on cognition from a specific, evaluative angle, comparing learned competence with original thinking and acknowledging the importance of both for knowing what is good for human health generally and one's own in particular.

In this spirit, the author of *Regimen* returns time and again to comment on human judgement abilities. At *Vict.* 1.5 (128.17–19 Joly-Byl = 6.476.18–478.1 L.), the description of human helplessness is entirely framed in terms of knowledge and ignorance: 'and what people accomplish (τὰ μὲν πρῆσσοσιν), they do not know (οὐκ οἶδασιν); and what they do not accomplish, they think that

¹⁹² See Thumiger (2013a) 77–8 on these expressions.

¹⁹³ At *Epid.* 7.7 (56.15 Jouanna = 5.378.15), we even find the *hapax* ἐμφρονῶδεις used of the patient's lucidity as visible through the eyes (on which, see Jouanna 2003, lxiv).

they know (δοκέουσιν εἰδέναι); and what they see, they do not understand (οὐ γινώσκουσιν); but nevertheless all things take place for them through a divine necessity, both what they wish and what they do not wish'. Again, at *Vict.* 1.8 (132.11 Joly-Byl = 6.482.11–12 L.), human ignorance of the biological factors determined by nature is stigmatised (διότι οὐ γινώσκουσιν, ὃ τι ποίεουσιν). At *Vict.* 1.12 (136.13–14 Joly-Byl = 6.488.11–13 L.), human nature and seercraft are presented as parallel skills requiring sound γινώσκειν; and so forth.

In all these passages, epistemological and prudential expressions are intermingled in a way unique to this text within the medicine of the period, with tones reminiscent of the invective of the fictional Democritus of the pseudo-Hippocratic letters in particular,¹⁹⁴ but also of some of the Democritean fragments¹⁹⁵ in which human ignorance is stigmatised. In particular, the invective at *Vict.* 1.24 (140.24–142.5 Joly-Byl = 6.496.5–19 L.) attacks 'the madness of the many' (τῶν πολλῶν ἀφροσύνη), an idiom echoed in later philosophical concepts of 'madness' as intellectual and ethical flaw.¹⁹⁶ The ability to 'make distinctions' (διαγινώσκειν) appears throughout to be fundamental: to discern the right balance within a body, define the ideal environment for the health of each individual and so forth. Within the picture of medical soundness of *Regimen*, there is room for the particular kind of healthy mental life that is sound judgement and correct thought processing.

Regimen is not alone in preserving elements of a prudential reflection, although it is the best example. At *Aff.* 1 (62–5 Potter = 6.208.2–4 L.) the 'discerning patient' ('any man who is intelligent', ἀνδρα ... ὅστις ἐστὶ συνετός) is again in question, since he ought to 'know by his own judgement/competence (ἐπίστασθαι ἐκ τῆς ἑωυτοῦ γνώμης) how to benefit himself, being well aware (λογισάμενος) that health is the most precious thing for man'. In this passage, a full display of cognitive and intellectual terms is used to describe an ideal type of competent, wise patient, who is informed, can judge and has the wisdom to put a high price on his own health.

¹⁹⁴ *Ep.* 17 (Smith 80.15–90.24 = 9.360.9–378.9 L.). On this topic, see Pigeaud (1981/2006) 452–76; Smith (1990) 21–3; Rütten (1992) 133–4; Roselli (1998) 13–14; Kazantzidis (in press a).

¹⁹⁵ Compare and contrast the convergence of ethics and epistemology in Democritus discussed by Kahn (1985) and Warren (2006). In particular, Kahn (1985) 25 describes the ψυχὴ in Democritus as including 'a notion of rationality that is both prudential and epistemic'.

¹⁹⁶ See Ahonen (2014) 107–12 on the Stoic notion; and note already Pigeaud (1981/2006) 139–371 on 'atomistic' and Stoic sources.

5.3.9 *Words and Reason: 'Talking Nonsense'*

The identification of intelligence with verbal organisation of thought and consequentiality of self-expression through speech is a standard feature of modern representations and assessments of mental health and mental capacity. The ancient physicians also paid attention to communication through speech. Some information about these aspects had already emerged in our discussion of the consideration these authors pay to the voice as an element of mental pathology and indicator of health. What remains to be considered is specifically rationality through verbalisation as an element of mental health. Although our authors do not discuss this aspect systematically or even explicitly, one recurring point in patient cases is the notes made by the physicians about the emotional intensity and soundness of their patients' words. The frequent remarks about the nonsensical talk of patients, first of all, are almost formulaic: not only πολλά ληρεῖ, παραλήρει and so forth, but also πολλά λέγει, παραλέγει, (πολλοί) λόγοι. All of these generally indicate heightened loquacity or lack of rationality or consequentiality – the numerous, nonsensical and overly fast words uttered by the ill. λῆρος and (παρα)ληρέω in particular are central to the vocabulary of insanity. It is not just speed and articulation that are noted; attention is also paid to the quality and even the style of these words, in a way that shows engagement with patient talk as an expression of the mode of thinking, healthy or pathological. Thus at *Epid.* 6.8.7 (172.11–12 Manetti–Roselli = 5.346.6–7 L.), the author reports a list of items to observe, clearly stating the importance of 'speech, silence, inability to say what one wants to say; the words with which he speaks: loudly or many, unerring or moulded' (λόγοι, σιγή, <μή> εἰπεῖν ἃ βούλεται· λόγοι, οὓς λέγει, ἢ μέγα, ἢ πολλοί, ἀτρεκεῖς, ἢ πλαστοί). The content of what one says is relevant, but also the ability or inability to communicate what one s (εἰπεῖν ἃ βούλεται). Features of emphasis, such as volume and speed, are considered (ἢ μέγα, ἢ πολλοί), and then precision, exactitude (ἀτρεκεῖς) and more interpretive aspects such as expressive soundness, good structure/word choice (ἢ πλαστοί). The final two terms, the first literally suggesting material solidity,¹⁹⁷ the second craftsmanship ('moulded, well-formed'), are

¹⁹⁷ The first is perhaps to be traced to a root *τρέκος, 'torsion' (cf. *torqueo*; see Chantraine *ad loc.*). I suggest that a matter of 'literary' appreciation might be at issue here rather than an evaluation in terms of veracity: 'whether the words are precise/strict or instead built up/involute'. See Manetti–Roselli *ad loc.*, 172. Manetti and Roselli translate ἀτρεκεῖς, ἢ πλαστοί with 'se veri, se falsi'; Galen (*Comm. Hipp. Epid.* VI, 448.3–4 Wenkebach and Pfaff) understands the reference to be to

intended to indicate specifically a quality of logical organisation and linguistic appropriateness in a person's talk. Something similar is apparent in a passage on mental disturbance at *Acut. (spur.)* 16 (75.20–26.1 Joly = 2.424.14–426.5 L.): patients reply only briefly and 'of their own accord they say nothing *fitting/well structured/sensible* (κατὰ βραχὺ μὲν ἀποκρίνονται τὸ ἐρωτώμενον, αὐτοὶ δὲ ἄφ' ἑωυτῶν οὐδὲν λέγουσι κατηρημένον); such things seem to me to be of a melancholic kind'. The talk of these patients, which the physician considers melancholic, must be elicited by questions, and even so it remains laconic. Their spontaneous speech, moreover, lacks structure and solidity.

Guided by the statement by the author of *Epidemics* 6 quoted above, we can better interpret the many observations offered by our physicians regarding their patients' manner of talking. Consider for example the illness of Anechetus' son at *Epid.* 7.46 (80.16–18 Jouanna = 5.414.14–16 L.): 'not too much foaming; on the third day *inarticulate* (ἄκροπις). On the fourth day he gave a sign with his tongue, fell, was unable to speak, but *became hung up on the beginnings of words*' (ἴσχετο ἐν τῇσιν ἀρχῇσι τῶν ὀνομάτων). The patient seemingly has no power to express himself or to complete words or sentences. ἄκροπις is a difficult term to pin down, but seems obviously to be associated with clarity of speech in the sense of an inability to reach the end of an utterance (ἀκρ-, 'beginning, extremity, top, surface': all other compounds with the suffix are associated with anatomical positioning).¹⁹⁸ A pattern that includes lack of clarity, lisping and a dry tongue returns often in the many references to 'difficulty' or 'obscurity' (ἀσάφεια) in reference to speech. This can range from lisping and stuttering to obscurity of content and a lack of logical organisation. These instances are not always exclusively associated with talk, but can refer to clarity of intellectual reasoning (not only verbally expressed) generally. Thus, for example, at *Epid.* 7.110 (111.23–4 Jouanna = 5.460.1–2 L.), 'the son of Ariston had his toe torn on the side, *lack of clarity* with fever' (Ἀρίστωνι, δακτύλου ποδὸς ἡλκωμένου ξὺν πυρετῷ, ἀσάφεια). The patient might be mumbling, or acting and moving irrationally, or both.

the strength of the patients' voice: 'die Reden, die der Kranke entweder mit geringer oder starker Stimme führt', and the veracity of their words: 'dieses Urteilen, welches durch die Stimme erfolgt, kann viel oder wenig sein; es kann "ernst", d.h. "wahr", und kann auch das Gegenteil Davon sein, nämlich "erlogen" und unwahr' (Wenkebach and Pfaff's translation from the Arabic).

¹⁹⁸ See also *Epid.* 7.84 (100.13–14 Jouanna = 5.442.22–3 L.), γνάθων ἀμφοτέρων ἔρευθος' μετὰ ταῦτα ἄκροπις; *Epid.* 7.43 (78.2 Jouanna = 5.410.11 L.), γλῶσσα ξηρ, ἄκροπις.

5.4 Conclusions

In sum, the aspects of cognition *stricto sensu* (functions, activities, effects) observed in the second part of this chapter have the following features in common: (1) they have a quantifiable nature, comprising measurability, comparability, divisibility and degree; (2) they are an interface between the actions and faculties of the reasoning physician as thinker–philosopher and naturalist and the patient as his main object of study and diagnosis; (3) they may be localised either in terms of bodily origin or as *locus affectus*; (4) they appear in some cases to be spelt out in opposition to the body.

Conclusions

I began this book by proposing to offer an account of mental health and mental disorder in the medical texts, mostly Hippocratic, of the classical era, including a survey of scientific thought in Platonic and Aristotelian passages regarding medical topics, and offering a comparison with non-medical sources of the same period, especially tragedy and Herodotus, but also Homer and lyric poetry as constitutive of their traditional background. My findings can be summarised as follows:

1. Our texts emphasise mental life and disorder as visible and perceptible from the outside; they are primarily *seen*. This aspect is traditional in Greek culture and can be mapped from Homer to tragedy.
2. Most of the representations of mental suffering in these texts are embodied: the signs of mental illness are visible in the suffering body of the patient, in his or her disrupted physiology and altered vital functions. This aspect is similarly traditional and finds many parallels in poetic sources. The level of exploration in the physiological accounts offered by medical texts, however, is new and unique.
3. Within embodied mental life, sensory changes play a central role and deserve separate mention. Our authors devote enormous attention to this sphere of experience, with a level and refinement of detail that are often remarkable. The search for subjectivity in our texts inevitably leads here, rather than where modern humanism leads us to expect, to the emotions and rational–logical thought.
4. Our authors do not ignore features of personality and character and emotional or cognitive (*stricto sensu*) aspects as part of mental health. But these are naturalised as much as possible and remain of relatively minor importance in the medical discussion of the period. This constitutes a striking departure from the representation in non-medical sources. Tragedy in particular (despite its largely exogenous representation of

mental disturbance), but also Herodotus and philosophical authors, emphasise the internalised – ethically and spiritually – dimension of mental health; largely rely on the individual's verbal utterance to convey it; and appear to take for granted a widespread understanding of mental life and psychological suffering framed in strong metaphysics (ideological, ethical or religious).

Comparison with the literary and cultural tradition in which the Hippocratics operated, on the one hand, and consideration of conceptions of mental life, mental disturbance and health care in post-Hellenistic medical texts, on the other, thus makes the following points emerge as typical of our texts and the medical activity to which they bear witness:

- The avoidance of personal detail. Patient cases allude to personal issues afflicting patients that might play a role in mental malaise only rarely, if at all, and never indulge in idiosyncratic details. We never hear about the content of individual patients' dreams or hallucinations; specific worries and anxieties are almost never mentioned.
- The absence of any aspect of ethical evaluation. Apart from a few exceptional references to 'badness' or 'lack of propriety' for individual patients' behaviour, the health of the mind in these texts is categorically neutral from an ethical point of view. A comparison with Galen in particular, but also with any other post-Hellenistic medical discussion of mental health, exposes this gap clearly.
- A total continuity between body and mind, expressed not only in the juxtaposition of notes about stools, diet, sleep, mental facts, fever and chills and so forth, but also in the absence of a concept 'disease', νόσος, with reference to mental life, in our texts, despite the expression – or the metaphor – being a notable topos in tragedy, comedy, Herodotus and philosophical texts of the same period. Subsequent medical nosology easily transfers Hippocratic symptomatology into discrete categories of mental disease. Our authors, however, avoid explicitly offering a classification in this sense.
- The absence of motifs, themes and experiences that seem to dominate the representation of mental life and disturbance in the period. Among these stand out the motif of conflict and violence qualifying the cause and course of madness; punishment or responsibility as explanatory models; danger to oneself and others, and especially suicide as a pathological outcome of mental disturbance; the erotic emotion as a paradigm of mental affliction; and familial patterns of mental pathology.

- Most cogently, the avoidance of traditional psychological vocabulary: θυμός, φρένες and ψυχή, which constitute the backbone of traditional representations of mental activity, are largely absent (θυμός), mostly employed anatomically (φρένες) or strictly confined to theoretical discussion and specific texts (ψυχή, which is hardly psychological in our sense of the word in our texts, and is only very selectively associated with illness). Indeed, the clinical cases eschew this vocabulary altogether, signalling a discontinuity between ‘theory of mind’ and ‘symptomatology of mental life’.

The history I have tried to reconstruct thus turns out to be composed of two different stories: one that concerns ancient psychology and mental health within the wider cultural discourses of classical Greece, and another that concerns medical thought in the fifth and early fourth centuries as a fundamental phase within the development of ancient medicine and scientific thought. Within the first story, the contribution of our texts might appear poorer, less perceptive and certainly more mechanical than the narratives preserved for us by mythology and in poetic texts. Within the second, our authors stand out for the strength of their programme and for their determination to carve out a place for scientific approaches to mental well-being clearly separate from (if not necessarily alternative to) contemporary metaphysical representations, and this against a background in which traditional models of mental life were already conspicuous and strong. As I have tried to highlight without committing my analysis to pointless retrospective validation, the rejection of metaphysics in these texts results in a scrupulous attentiveness to embodied mental life that current developments in distributed cognition (enactivism and affective cognition in particular) help us appreciate as a valid and truthful account of human life.

Later medical thinkers, who operated within clearer professional demarcations and received and could elaborate the influence of a long philosophical tradition about the ‘care of the self’, return to ethical, personal and evaluative themes in their discussions of mental life, integrating them within their understanding of human physiology. At the same time, they reorganise the material available to them from the Hippocratic writings in elaborate forms of psychiatric nosology and pathology proper – a move most clearly observable in the thrust of Galen’s comments on our texts. The Hippocratic picture thus testifies to a unique phase in the history of Western thought, still influenced by traditional models and devoid of

taxonomic agendas and anatomical explanatory grids, on the one hand, but urged on by an intransigent determination to define an exact intellectual and professional territory, on the other.¹

¹ This early phase of ancient scientific culture was seminally explored by Grmek (1996); his emphasis on a certain 'rationalism' in early Greek medicine, one equally distant (in methodological terms) from empirical procedures and attempts at magic – a rationalism that determined an 'epistemological obstacle' against developing an idea of scientific progress through experimentation – is another aspect of the attempt to define medicine away from the other forms of human knowledge described here.

Appendix

Dates and Dating

Most of the medical texts I have quoted, unlike classical literary texts that have long been part of the canon, are of difficult and sometimes controversial dating. The present project aims explicitly at reconstructing medical thought in the fifth and fourth centuries BCE, and the following scientific texts have therefore been included, assuming the dating indicated, on which a general scholarly consensus has now mostly been reached. Whenever I include in the discussions texts (other than compilations based on Hippocratic material) that I take to be later than the fourth century BCE, I offer my reasons case by case. For the dating of texts traditionally included in the *Corpus Hippocraticum*, I rely on the discussions in Jouanna (1999) 373–416 and Craik (2015).

Homeric poems	800–500 BCE?
Sappho	ca. 630/612– 570 BCE
Archilochus	Seventh century BCE
Aeschylus	ca. 525–456/455 BCE
Sophocles	ca. 497/6–406/405 BCE
Euripides	ca. 485/484–407/406 BCE
Aristophanes	ca. 450/444–380 BCE
Herodotus	ca. 484–425 BCE
Plato	ca. 428/427–348/347 BCE
<i>Airs Waters Places (Aer.)</i>	Mid to late fifth century BCE
<i>Ancient Medicine (Vet. Med.)</i>	End of the fifth century BCE
<i>Aphorismi (Aph.)</i>	End of the fifth century BCE
<i>Breaths (Flat.)</i>	End of the fifth century BCE
<i>Coan Prenotions (Coac.)</i>	ca. 400 BCE (compilation)
<i>Diseases I (Morb. I)</i>	Early fourth century BCE
<i>Diseases II (Morb. II)</i>	Late fifth century BCE
<i>Diseases III (Morb. III)</i>	Late fifth century BCE
<i>Diseases IV (Morb. IV)</i>	Early–mid fourth century BCE
<i>Diseases of Women I, II, III (Mul.),</i> <i>Barrenness (Steril.)</i>	Late fifth–early fourth century BCE
<i>Epidemics I, III (Epid. I, III)</i>	Around 410 BCE

<i>Epidemics II, IV, VI (Epid. II, IV, VI)</i>	Around 400 BCE
<i>Epidemics V, VII (Epid. V, VII)</i>	Mid fourth century BCE
<i>On Generation, On the Nature of the Child (Gen, Nat. Pue.)</i>	430–420 BCE
<i>Girls (Virg.)</i>	Late fifth/early fourth century BCE
<i>Glands (Gland.)</i>	Early fourth century BCE
<i>Humours (Hum.)</i>	ca. 400 BCE
<i>In the Surgery (Off.)</i>	Late fifth/early fourth century BCE
<i>Internal Affections (Int. Aff.)</i>	Early fourth century BCE
<i>Leverage (Mochl.)</i>	ca. 400 BCE
<i>Nature of Man, On Regimen in Health (Nat. Hom., Salubr.)</i>	End of the fifth century BCE
<i>Nature of Woman (Nat. Mul.)</i>	Mid fourth century BCE
<i>Oath (Iusj.)</i>	Fifth–early fourth century BCE
<i>On Affections (Aff.)</i>	Late fifth–early fourth century BCE
<i>On Fistulas, On Haemorrhoids (Fist., Haem.)</i>	Second half of the fifth century BCE
<i>On Fleshes (Carn.)</i>	Second half of the fifth century BCE
<i>On Fractures, On Joints (Fract., Artic.)</i>	Second half of the fifth century BCE
<i>On Generation (Gen.)</i>	430–420 BCE
<i>On Sight (Vis.)</i>	Late fifth century BCE
<i>On the Eight Months Child; On the Seven Month Child (Oct.; Septim.)</i>	Early fourth century BCE
<i>On the Use of Liquids (Liqu.)</i>	ca. 400 BCE
<i>On Wounds on the Head (VC)</i>	Late fifth–early fourth century BCE
<i>Places in Man (Loc. Hom.)</i>	Fifth–early fourth century BCE
<i>Prognostikon (Prog.)</i>	End of the fifth century BCE
<i>Prorrhetic I (Prorrh. I)</i>	Around 400 BCE
<i>Prorrhetic II (Prorrh. II)</i>	End of the fifth century BCE
<i>Regimen I–IV (Vict. I–IV)</i>	Late fifth–early fourth century BCE
<i>Regimen in Acute Diseases (Acut.)</i>	End of the fifth century BCE
<i>Sacred Disease (Morb. Sacr.)</i>	Mid to late fifth century BCE
<i>The Art (Art.)</i>	End of the fifth century BCE
Praxagoras	Early fourth century BCE
Aristotle	384–322 BCE
Menander	342/341–291/290 BCE
Diocles	fourth–third century BCE
Ps. Arist. <i>Problemata</i>	Original nucleus: fourth century BCE
<i>On the Heart (Cord.)</i>	300–250 BCE
<i>Seven (Hebd.)</i>	Most likely Hellenistic or later (fifth century BCE–first century CE?)
<i>On the Physician (Medic.)</i>	Third century BCE
<i>Praecepts (Praec.)</i>	Late Hellenistic to imperial era (third century BCE–second century CE) ¹
<i>Crises; Critical Days (Judic.; Dieb. Judic.)</i>	Uncertain date; derived compilations
<i>On Decorum (Decent.)</i>	Late Hellenistic to imperial era (third century BCE–second century CE)

¹ On the dating of the deontological treatises, see Fleischer (1939).

Texts and Translations Used

TEXTS USED

- Aelian. M. R. Dilts (ed.) *Varia Historia (Var. Hist.)*. Leipzig (1974).
- Aelian. M. G. Valdés, L. La Llera Fueyo, Guillén Rodríguez-Noriega (eds) *De Natura Animalium (NA)*. Berlin (2009).
- Aeschylus. D. L. Page (ed.) *Aeschylus. Opera* Oxford (1972).
- Persians (Pers.)*
- Seven at Thebes (Sept.)*
- Supplices (Suppl.)*
- Agamemnon (Ag.)*
- Choephoroe (Cho.)*
- Eumenides (Eum.)*
- Prometheus Vincetus (PV)*
- Anonymus Parisinus (AP). *Anonymi Medici. De Morbis Acutis et Chroniis*. I. Garofalo (ed.), B. Fuchs (trans.). Leiden (1997).
- Aretaeus, C. Hude (ed.) *On the Causes and Indications of Acute Diseases (De Causis et Signis Acut. Morb.)*, *De Causis et Signis Acutorum Morborum*; *On the Causes and Indications of Chronic Diseases (De Causis et Signis Diut. Morb.)*, *De Causis et Signis Diuturnorum Morborum*; *On the Therapy of Acute Diseases (Curat. Acut.)*, *De Curatione Acutorum Morborum*; *On the Therapy of Chronic Diseases (Curat. Diut.)*, *De Curatione Diuturnorum Morborum*. CMG II, Berlin (1958).
- Archilochus. M. L. West (ed.) *Iambi et Elegi Graeci ante Alexandrum Cantata*, vol. 1. Oxford (1971–2).
- Aristophanes.
- Assembly Women (Eccl.)*. V. Coulon (ed.), H. Van Daele (trans.). Paris (1930).
- Pluto (Plut.)*. V. Coulon (ed.), H. Van Daele (trans.). Paris (1930).
- Wasps (Vesp.)*. V. Coulon (ed.), H. Van Daele (trans.). Paris (1938).
- Frogs (Ra.)*. N. G. Wilson (ed.). Oxford (2007).
- Birds (Av.)*. N. G. Wilson (ed.). Oxford (2007).
- Lysistrata (Lys.)*. N. G. Wilson (ed.). Oxford (2007).
- Peace (Pax)*. N. G. Wilson (ed.). Oxford (2007).
- Aristotle. [Aristotle].
- Problems (Probl.)*. R. Mayhew (ed. and trans.) London (2011).
- De Anima (De An.)*. W. D. Ross (ed.) Oxford (1961).

- Physiognomica* (*Physiogn.*). In R. Foerster (ed.) *Scriptores Physiognomonici Graeci et Latini*. Leipzig (1893).
- Ethica Nicomachea* (*EN*). F. Susemihl and O. Apelt (eds). Leipzig (1912).
- Magna Moralia*. F. Susemihl (ed.). Leipzig (1883).
- Metaphysica* (*Metaph.*). W. Jaeger (ed.). Oxford (1957).
- De Mirabilibus Auscultationibus*. (*Mirab.*) O. Apelt (ed.). Leipzig (1888).
- Protrepticus*. I. Düring (ed. and trans.). Frankfurt (2013).
- Ars Rhetorica* (*Rh.*). R. Kassel (ed.). Berlin (1971).
- De Memoria et Reminiscentia*. D. Bloch (ed.). *Aristotle on Memory and Recollection*. Leiden (2014).
- De Somno et Vigilia; De Somniis; De Divinatione per Somnum; De Sensu et Sensibilibus* (*De Sens.*) W. D. Ross (ed.). *Aristotle: Parva Naturalia*. Oxford (1955).
- Historia Animalium* (*Hist. Anim.*). P. Louis (ed.). *Histoire des Animaux*. 3 vols. Paris (2002).
- De Partibus Animalium* (*Part. Anim.*). P. Louis (ed.). *Les Parties des Animaux*. Paris (1993).
- Athenaeus. *Deipnosophistae*. G. Kaibel (ed.). Leipzig (1961).
- Caelius Aurelianus. *On Acute Diseases* (*Acut. Morb.*); *On Chronic Diseases* (*Diut. Morb.*), *Caelii Aureliani Celerum Passionum Libri III, Tardarum Passionum Libri V*. G. Bendz (ed.), I. Pape (trans.). CML VI 1. Berlin (1990/1993; editio altera Berlin 2002).
- Celsus. *De Medicina* (*Med.*). F. Marx (ed.). *A. Cornelii Celsi quae Supersunt*. CML I. Leipzig and Berlin (1915).
- Diocles of Carystus. *A Collection of the Fragments with Translation and Commentary*. P. van der Eijk (ed. and trans.). Leiden (2000–1).
- Euripides. J. Diggle (ed.). *Euripidis Fabulae*. 3 vols. Oxford (1981–94).
- Galen.
- Galen in Hippocratis de Victu Acutorum Commentaria IV* (*Comm. Hipp. Acut.*), G. Helmreich (ed.). CMG V 9,1. Leipzig (1914), pp. 117–366.
- Galen in Hippocratis de Aere Aquis Locis Commentariorum Versionem Arabica* (*Comm. Hipp. Aer.*). G. Strohmaier (ed. and trans.). CMG V. Berlin (in press).
- In Hippocratis Aphorismos Commentarium* (*In Hipp. Aph. Comm.*) K. G. Kühn (ed.). XVII b, pp. 345–887, XVIII A pp. 1–195. Leipzig (1821–33).
- Galen in Hippocratis Epidemiarum Librum I Commentaria III* (*Comm. Hipp. Epid. I*). E. Wenkebach (ed.). CMG V 10,1. Leipzig and Berlin (1934), pp. 1–151.
- In Hippocratis Epidemiarum Librum II Commentaria* (Arabic version) (*Comm. Hipp. Epid. II*). F. Pfaff (ed. and trans.). CMG V 10,1. Leipzig and Berlin (1934), pp. 155–410.
- Galen in Hippocratis Epidemiarum Librum III Commentaria III* (*Comm. Hipp. Epid. III*). E. Wenkebach (ed.). CMG V 10,2,1. Leipzig and Berlin (1936), pp. 1–187.
- In Hippocratis Epidemiarum Librum VI Commentaria I–VI* (*Comm. Hipp. Epid. VI*). E. Wenkebach (ed.); commentaria VI–VIII, in Germanicam linguam

- transtulit F. Pfaff, editio altera lucis ope expressa. CMG V 10,2,2. Berlin (1956).
- Galenī in Hippocratis de Natura Hominis Commentaria Tria* (*Comm. Hipp. Nat. Hom.*). J. Mewaldt (ed.). CMG V 9,1. Leipzig (1914), pp. 3–88.
- On the Affected Parts* (*Loc. Aff.*). In *Claudii Galeni Opera Omnia*. K. G. Kühn (ed.) VIII Leipzig (1821–33), pp. 1–452.
- Galenī in Hippocratis Prognosticum Commentaria III* (*Comm. Hipp. Prog.*). J. Heeg (ed.). CMG V 9,2. Leipzig (1915), pp. 197–378.
- Galenī in Hippocratis Prorrheticum I Commentaria III* (*Comm. Hipp. Prorrh. I*). H. Diels (ed.). CMG V 9,2. Leipzig (1915), pp. 3–178.
- De Comate Secundum Hippocratem*. J. Mewaldt (ed.). CMG V 9,2. Leipzig and Berlin (1915).
- De Dubiis Motibus. On Problematic Movements* (*Mot. Dub.*). V. Nutton (ed. and trans., with G. Bos). Oxford (2012).
- De Placitis Hippocratis et Platonis* (*PHP*). P. De Lacy (ed. and trans.). CMG V 4,1,2,3. Berlin (1978–84).
- De Sectis* (*Sect.*). In *Claudii Galeni Pergameni Scripta Minora*. Vol. 3. G. Helmreich (ed.). Leipzig (1893).
- Galenī Vocum Hippocratis Glossarium* (*Voc. Hipp. Gloss*). L. Perilli (ed. and trans.). CMG V 13,1. Berlin (2016).
- Quod Animi Mores Corporis Temperamenta Sequantur* (*Quod Anim. Mor.*). In *Claudii Galeni Pergameni Scripta Minora*. Vol. 2. I. Müller (ed.) Leipzig (1981).
- Utrum Medicinae sit aut Gymnasticae Hygiene ad Thrasybulum* (*ad Thras.*). K. G. Kühn (ed.) Leipzig (1821–33), pp. 806–98.
- Herodotus. K. Hude (ed.). *Herodoti Historiae* (*Hist.*). Oxford (1908).
- Hesiod. M. L. West (ed.). *Theogony* (*Theog.*). Oxford (1966).
- [Hippocrates].
- Affections* (*Aff.*). P. Potter (ed. and trans.). *Hippocrates*. Loeb Vol. 5. Harvard (1988).
- Airs Waters Places* (*Aer.*). J. Jouanna (ed. and trans.). *Airs-Eaux-Lieux*. Paris (1996).
- Ancient Medicine* (*Vet. Med.*). J. Jouanna (ed. and trans.). *Hippocrate. De l'ancienne médecine*. Paris (1990).
- Aphorismi* (*Aph.*). C. Magdelaine (ed.). Diss. Universite de Paris-Sorbonne. Paris IV. Paris (1994).
- The Art*. (*Art.*) J. Jouanna (ed. and trans.). *Des vents, de l'Art*. Paris (1995).
- De Articulis* (*Artic.*) H. Kühlewein (ed.). *Hipp. Opera Omnia*. Vol. 1. Leipzig (1902), pp. 180–245.
- Breaths* (*Flat.*) J. Jouanna (ed. and trans.). *Des vents, de l'art*. Paris (1995).
- Coan Prenotions* (*Coac.*) P. Potter (ed. and trans.). *Hippocrates*. Loeb Vol. 9. Harvard (2010).
- Crises; Critical Days* (*Judic.; Dieb. Judic.*). G. Preiser (ed.). *Die hippokratischen Schriften 'De iudicationibus' und 'De diebus iudicatoriis'*. Diss. phil. [masch. schr.]. Kiel (1957).
- On Liquids* (*Liqu.*). R. Joly (ed. and trans.). *Du Regime des maladies aiguës, Appendice. De l'aliment. De l'usage des liquids*. Paris (1972).

- Diseases I (Morb. I).* R. Wittern (ed. and trans.). *Die hippokratische Schrifte De Morbis I. Ausgabe, Übersetzung und Erläuterungen*. Hildesheim and New York (1974).
- Diseases II (Morb. II).* J. Jouanna (ed. and trans.). *Hippocrate. Maladies II*. Paris (1983).
- Diseases III (Morb. III).* P. Potter (ed. and trans.). *Hippocrates. Über die Krankheiten III*. CMG I 2,3. Berlin (1980).
- Diseases IV (Morb. IV).* R. Joly (ed. and trans.). *De Genitura/Semine, De Natura Pueri, De Morbis*. Vol. 4. Paris (1978).
- Diseases of Women I, II; Barrenness (Mul. I, II; Steril.).* H. Grensemann (ed.). *Hippokratische Gynäkologie. Die gynäkologischen Texte des Autors C nach den pseudohippokratischen Schriften De muliebribus I, II und De sterilibus*. Wiesbaden (1982).
- On the Eight Months Child; On the Seven Months Child (Oct.; Septim.).* H. Grensemann (ed.). *Hippocratis De Octimestri Partu; De Septimestri Partu (spurium)*. CMG I 2,1. Berlin (1968).
- Epidemics I (Epid. I).* H. Kühlewein (ed.). *Hipp. Opera Omnia*. Vol. 1. Leipzig (1894), pp. 180–214.
- Epidemics III (Epid. III).* H. Kühlewein (ed.). *Hipp. Opera Omnia*. Vol. 1. Leipzig (1894), pp. 215–45.
- Epidemics V, VII (Epid. V, VII).* J. Jouanna (ed. and trans.). *Epidémies V et VII*. Paris (2000).
- Epidemics VI (Epid. VI).* D. Manetti, A. Roselli (eds and trans.). *Ippocrate. Epidemie. Libro sesto*. Florence (1982).
- Epidemics II, IV (Epid. II, IV).* W. D. Smith (ed. and trans.). *Hippocrates*. Loeb Vol. 7. Cambridge, MA. (1994).
- Fleshes (Carn.).* R. Joly (ed. and trans.). *Hippocrate: Tome XIII: Des chairs*. Paris (1978).
- On Generation (Gen.).* F. Giorgianni (ed. and trans.). *Hippocrates on Embryology. Hippokrates, Über die Natur des Kindes (De Genitura und De Natura Pueri)*. Wiesbaden (2006).
- On Generation (Gen.).* P. Potter (ed. and trans.). *Hippocrates*. Loeb Vol. 10. Cambridge, MA (2012).
- Girls (Virg.).* A. Lami (ed. and trans.). 'Lo scritto ippocratico sui disturbi virginali'. *Galenos* 1 (2007) 15–59.
- Glands (Gland.).* R. Joly (ed. and trans.). *Des Lieux dans l'Homme. Du Système des Glandes. Des Fistules. Des Hémorroïdes. De la Vision. Des Chairs. De la Dentition*. Paris (1978).
- Heart (Cord.).* M.-P. Duminil (ed. and trans.). *Hippocrate. Tome VIII: Coeur*. Paris (1998).
- Hippocratis Iusiurandum.* J. L. Heiberg (ed.). CMG I 1. Leipzig and Berlin (1927), p. 4.
- Humours (Hum.).* O. Overwien (ed. and trans.). *Hippokrates. De Humoribus*. CMG I 3,1. Berlin (2014).
- Internal Affections (Int. Aff.).* P. Potter (ed. and trans.). *Hippocrates*. Loeb Vol. 6. Cambridge, MA. (1988).
- Nature of Man (Nat. Hom.).* J. Jouanna (ed. and trans.). *De Natura Hominis*. CMG I 1.3. Berlin (1975; revised edition 2002).

- Nature of Woman (Nat. Mul.)*. F. Bourbon (ed. and trans.). *Nature de la Femme*. Paris (2008).
- Places in Man (Loc. Hom.)*. R. Joly (ed. and trans.). *Des Lieux dans l'Homme. Du Système des Glandes. Des Fistules. Des Hémorroïdes. De la Vision. Des Chairs. De la Dentition*. Paris (1978).
- Places in Man (Loc. Hom.)*. E. M. Craik (ed. and trans.). Oxford (1998).
- Praeceptiones (Praec.)*. J. L. Heiberg (ed.). CMG I, 1. Leipzig and Berlin (1927).
- Prognostikon (Prog.)*. J. Jouanna (ed.). Paris (2014).
- Prorrhetikon I (Prorrh. I)*. H. Polack (ed.). *Textkritische Untersuchungen zu der Hippokratischen Schrift Prorrhetikos I*. Diss. Hamburg 1954. Hamburg (1976).
- Prorrhetikon II (Prorrh. II)*. P. Potter (ed. and trans.). *Hippocrates. Loeb Volume IX*. Cambridge, MA. (1995).
- Regimen in Acute Diseases (Acut.)*. R. Joly (ed. and trans.). *Du Régime des maladies aiguës, Appendice. De l'aliment. De l'usage des liquids*. Paris (1972).
- Regimen in Acute Diseases, Appendix (Acut. Spur.)*. R. Joly (ed. and trans.). *Du Régime des maladies aiguës, Appendice. De l'aliment. De l'usage des liquids*. Paris (1972).
- Regimen in Health (Salubr.)*. In J. Jouanna (ed. and trans.) *De Natura Hominis*. CMG I 1.3. Berlin (1975; revised edition 2002) 204–21.
- Regimen I–IV (Vict.)*. R. Joly and S. Byl (eds. and trans.). *Hippocratis De Diaeta*. Berlin (1984, CMG I, 2,4).
- Sacred Disease (Morb. Sacr.)*. J. Jouanna (ed. and trans.). *La Maladie sacrée*. Paris (2003).
- Seven (Hebd.)*. W. H. Roscher (ed.). *Die hippokratische Schrift von der Siebenzahl in ihrer vierfachen*. Paderborn (1913).
- On Sight (Vis.)*. E. M. Craik (ed. and trans.). *Two Hippocratic Treatises. On Sight and On Anatomy*. Leiden and Boston (2007).
- On Wounds on the Head (VC)*. M. Hanson (ed. and trans.). CMG I 4,1. Berlin (1999).
- For all other Hippocratic texts, I have used *Oeuvres complètes d'Hippocrate*. E. Littré (ed. and trans.). Paris (1839–61).
- [Homer].
- Homerus. Ilias (Il.)*. M. L. West (ed.). Munich (2000).
- Homeri Odyssea (Od.)*. H. van Thiel (ed.). Hildesheim (1991).
- Menander. *Aspis*. J.-M. Jacques (ed.). Paris (2003).
- Oribasius. J. Raeder (ed.). *Oribasii Collectionum Medicarum Reliquiae, Libri XLIX–L, Libri Incerti, Eclogae Medicamentorum*. CMG VI 2,2. Leipzig and Berlin (1933).
- Pindar. *Pindari Carmina cum Fragmentis*. B. Snell (ed.). Leipzig (1953).
- Plato.
- Opera. Euthyphro, Apologia, Crito, Phaedo, Cratylus, Theaetetus, Sophista, Politicus*. J. Burnet (ed.). Oxford (1900).
- Opera. Parmenides, Philebus, Symposium, Phaedrus, Alcibiades I and II, Hipparchus, Amatores*. J. Burnet (ed.). Oxford (1901).
- Opera. Clitopho, Res Publica, Timaeus, Critias*. J. Burnet (ed.). Oxford (1902).
- Opera. Minos, Leges, Epinomis, Epistulae, Definitiones*. J. Burnet (ed.). Oxford (1907).
- Plautus. *Menaechmi*. A. S. Gratwick (ed.). Cambridge (1993).

- Plutarch. *Plutarchi Vitae Parallelae*. C. Lindskog and K. Ziegler (eds). Leipzig (1935).
- Praxagoras. F. Steckerl (ed. and trans.). *The Fragments of Praxagoras of Cos and His School*. Leiden (1958).
- Rufus of Ephesus. *Sur la Satyriasis et sur la Gonorrhée*. In C. Daremberg (ed.). *Rufus d'Éphèse. Oeuvres de Rufus d'Éphèse: texte collationné sur les manuscrits, traduit pour la première fois en français, avec une introduction*. Paris (1879).
- Quaestiones Medicinales*. H. Gärtner (ed.). CMG suppl. IV. Leipzig (1998) (Berlin 1962).
- On Melancholy*. P. Pormann et al. (eds). Tübingen (2008).
- Sappho. E.-M. Voigt (ed.) *Sappho et Alcaeus*. Amsterdam (1971).
- Sophocles. H. Lloyd-Jones and N. G. Wilson (eds). *Sophoclis Fabulae*. Oxford (1990).
- Theophrastus.
- W.W. Fortenbaugh, P. M. Huby, R. W. Sharples (Greek and Latin), D. Gutas (Arabic) (eds and trans). *Theophrastus of Eresus, Sources for His Life, Writings, Thought and Influence*. 2 vols. FHS&G. Leiden (1992).
- R. W. Sharples (ed.) *On Dizziness (Vert.)*. In W. W. Fortenbough, R. W. Sharples and M. G. Sollenberger (eds and trans). *Theophrastus of Eresus. On Sweat: On Dizziness and on Fatigue*. Leiden (2003).
- U. Eigler and G. Wöhrle (eds and trans). *Theophrast: De Odoribus. Edition, Übersetzung, Kommentar*. Stuttgart (1993).
- H. Diels (ed.). *De Sensibus*. In *Doxographi Graeci*. Vol. 8. Berlin (1879).
- Thucydides. H. S. Jones and J. E. Powell (eds). *Thucydidis Historiae (Hist.)*. Oxford (1942).
- Diels, H. and Kranz, W. (eds). *Die Fragmente der Vorsokratiker*. Berlin (1961).
- Jacoby, F. (ed.). *Fragmente der Griechischen Historiker*. Vol. 3c. Berlin (1958).
- Kannicht, R. (ed.). *Tragicorum Graecorum Fragmenta. Band 5. 2 vols. Euripides*. Göttingen (2004).
- Kassel, R. and Austin, C. *Poetae Comici Graeci*. PCG. Vol. 3.2. *Aristophanes. Testimonia et Fragmenta*. Berlin (1984).
- Poetae Comici Graeci*. PCG. Vol. 5. Berlin (1986).
- Nestle, E. and Aland, E. *Novum Testamentum Graece*. NA 28. Stuttgart (2012).
- Radt, S. (ed.). *Tragicorum Graecorum Fragmenta. Band 3. Aeschylus*. Göttingen (1985).
- SVF Stoicorum Veterum Fragmenta*. Vol. 2. F. A. von Arnim (ed.). Stuttgart (1903).
- TAM V.1 Tituli Asiae Minoris, V. Tituli Lydiae, linguis Graeca et Latina conscripti*, ed. Peter Herrmann. 2 vols. Vienna 1981 and 1989. Vol. 1, nos. 1–825, *Regio septentrionalis, ad orientem vergens*.

TRANSLATIONS USED

When not otherwise stated, I have based myself on the following translations, although with frequent adaptations and changes:

- Aeschylus. *Aeschylus, with an English translation by H. W. Smyth*. Cambridge, MA (1926).
- Areataeus. Adams, F. (trans.). *The Extant Works of Areataeus the Cappadocian*. London (1856).
- Aristoteles.
- Minor Works*. Vol. 11. W. S. Hett (trans.). Cambridge, MA (1936).

- Nicomachean Ethics*. W. D. Ross (trans.). Oxford (1925).
On Memory and Recollection. D. Bloch (ed. and trans.) *Aristotle on Memory and Recollection*. Leiden (2014).
On the Parts of Animals I–IV. J. G. Lennox (trans.). Oxford (2001).
On Sense and the Sensible. J. I. Beare (trans.). (*The Works of Aristotle translated into English*, vol. 3, ed. W. D. Ross). Oxford (1931)
Euripides. *The Complete Greek Drama*. W. J. Oates and E. O'Neill, Jr. (eds), E. P. Coleridge (trans.). New York (1938).
Hippocratic Texts.
Hippocrates. Vol. 1. W. H. S. Jones (trans.). Loeb Classical Library. Cambridge, MA (1923).
Ancient Medicine
Airs Waters Places
Epidemics I and III
Oath
Precepts
Nutriments
Hippocrates. Vol. 2. W. H. S. Jones (trans.). Loeb Classical Library. Cambridge, MA (1923).
Prognostic
Regimen in Acute Diseases
The Sacred Disease
The Art
Breaths
Law
Decorum
Physician
Dentition
Hippocrates. Vol. 3. E. T. Withington (trans.). Loeb Classical Library. Cambridge, MA (1928).
On Wounds in the Head
In the Surgery
Fractures, Joints, Mochlicon
Hippocrates. Vol. 4. W. H. S. Jones (trans.). Loeb Classical Library. Cambridge, MA (1931).
On the Nature of Man
Regimen in Health
Humours
Aphorisms
Regimen I, II, III
Dreams
Hippocrates. Vol. 5. P. Potter (trans.). Loeb Classical Library. Cambridge, MA (1988).
Affections
Diseases I
Diseases II
Hippocrates. Vol. 6. P. Potter (trans.). Cambridge, MA (1988).

- Diseases III*
Internal Affections
Regimen in Acute Diseases (Appendix)
 Hippocrates. Vol. 7. W. D. Smith (trans.). Loeb Classical Library. Cambridge, MA (1994).
Epidemics 2, 4–7.
 Hippocrates. Vol. 8. P. Potter (trans.). Loeb Classical Library. Cambridge, MA (1995).
Places in Man
Glands
Fleshes
Prorrhetic I
Prorrhetic II
Physician
Use of Liquids
Ulcers
Haemorrhoids
Fistulas
 Hippocrates. Vol. 9. P. Potter (trans.). Loeb Classical Library. Cambridge, MA (2010).
Anatomy
Nature of Bones
Heart
Eighth Months' Child
Coan Praenotions
Crises
Critical Days
Superfetation
Girls
Excision of the Foetus
Sight
 Hippocrates. Vol. 10. P. Potter (trans.). Loeb Classical Library. Cambridge, MA (2012).
Generation
Nature of the Child
Diseases IV
Nature of Women
Barrenness
 Galen. *Galen: Psychological Writings. Avoiding Distress, Character Traits, The Diagnosis and Treatment of the Affections and Errors Peculiar to Each Person's Soul, The Capacities of the Soul Depend on the Mixtures of the Body.* V. Nutton, D. Davies and P. N. Singer (trans., with the collaboration of P. Tassinari). Cambridge (2014).
 Plato. *Timaeus.* D. J. Zeyl (trans.). Indianapolis (2000).
 Rufus of Ephesus. P. Pormann et al. (eds and trans.). *Rufus of Ephesus. On Melancholy.* Tübingen (2008).
 Sophocles. *Sophocles.* H. Lloyd-Jones (ed. and trans.). 2 vols. Loeb Classical Library. Cambridge, MA (1994).

Bibliography

- Adkins, Arthur William Hope 1970. *From the Many to the One*. London, Constable.
- Ahonen, Marke 2013. 'Mental disturbances: ancient theories', in Knuuttila, Simo and Sihvola, Juha (eds), *Sourcebook for the History of the Philosophy of Mind*. Berlin and New York, Springer, pp. 593–603.
2014. *Mental Disorders in Ancient Philosophy*. Berlin and New York, Springer.
- in press. 'Madness, medical and moral: making the distinction in ancient philosophy', in Thumiger and Singer (eds).
- Allen, Danielle 2003. 'Angry bees, wasps and jurors', in Braund, Susanna and Most, Glenn (eds), *Ancient Anger*. Cambridge University Press, pp. 76–98.
- Anderson, Michael 2003. 'Embodied cognition: a field guide', *Artif. Int.* 149: 91–130.
- Andò, Valeria 2003. 'La follia femminile nella Grecia classica tra testi medici e poesia tragica', *Genesis* 2.1: 17–46.
2009. 'Sogni erotici e seme femminile nella antica medicina greca', *Medicina nei Secoli. Arte e Scienza* 21 (*Journal of History of Medicine*): 663–91.
- Armstrong, Richard 2006. *A Compulsion for Antiquity. Freud and the Ancient World*. Ithaca, Cornell University Press.
- Arnott, Geoffrey 2007. *Ancient Birds from A–Z*. London, Routledge.
- Asheri, David, Lloyd, Allen and Corcella, Aldo 2007. *A Commentary on Herodotus I–IV*. Edited by Oswyn Murray and Alfonso Moreno. Oxford University Press.
- Asper, Markus 2007. *Griechische Wissenschaftstexte: Formen, Funktionen, Differenzierungsgeschichten*. Philosophie der Antike 25. Stuttgart, Franz Steiner Verlag.
- (ed.) 2013. *Writing Science. Mathematical and Medical Authorship in Ancient Greece. Science, Technology and Medicine in Ancient Cultures* 1. Berlin, De Gruyter.
- Assael, Jacqueline 1996. 'Synesis dans Oreste d'Euripide', *Acta Classica* 65: 53–69.
- Bakker, Egbert (ed.) 2010a. *A Companion to the Ancient Greek Language*. Oxford, Wiley-Blackwell.
- 2010b. 'Pragmatics: speech and text', in Bakker (ed.), pp. 151–78.
- Bakker, Egbert, de Jong, Irene and van Wees, Hans (eds) 2002. *Brill's Companion to Herodotus*. Leiden, Brill.

- Balthussen, Han 2000. *Theophrastus against the Presocratics and Plato. Peripatetic Dialectic in the De Sensibus*. Leiden, Brill.
- Barrett, Justin L. 2004. *Why would anyone believe in God?* Walnut Creek, CA, AltaMira Press.
2011. *Cognitive Science, Religion and Theology. From Human Minds to Divine Minds*. Templeton Science and Religion Series. West Conshohocken, PA, Templeton Press.
- Barrett, William Spencer 1964. *Euripides. Hippolytus*. Oxford University Press.
- Bartoš, Hynek 2015. *Philosophy and Dietetics in the Hippocratic On Regimen. A Delicate Balance of Health*. Leiden, Brill.
- Battezzato, Luigi 2008. *Linguistica e Retorica della Tragedia greca*. Rome, Edizioni di Storia e Letteratura.
- Beane Rutter, Virginia and Singer, Thomas 2015. *Ancient Greece, Modern Psyche: Archetypes Evolving*. London, Routledge.
- Bell, Rudolph M. 1985. *Holy Anorexia*. University of Chicago Press.
- Bern, Elana M. and O'Brien, R. F. 2013. 'Is it an eating disorder, gastrointestinal disorder, or both?', *Current Opinions in Pediatrics* 25.4: 463–70.
- Berrettoni, Pierangelo 1970. 'Il lessico tecnico del I e III libro delle *Epidemie* ippocratiche', *Annali della SNSP* 39: 27–106, 217–311.
- Beta, Simone 1999. 'Madness on the comic stage: Aristophanes' *Wasps* and Euripides' *Heracles*', *GRBS* 40: 135–57.
- Betegh, Gabor 2006. 'Eschatology and cosmology: models and problems', in Sassi, Maria M. (ed.), *La Costruzione del Discorso Filosofico nell'età dei Presocratici = The Construction of Philosophical Discourse in the Age of the Presocratics*. Pisa, Edizioni della Normale, pp. 29–50.
- Bettini, Maurizio 2008. *Voci*. Turin, Einaudi.
- Blackman, Lisa 2001. *Hearing Voices. Embodiment and Experiences*. London, Free Association Books.
- Boegehold, Alan L. 1999. *When a Gesture was Expected. A Selection of Examples from Archaic and Classical Greek Poetry*. Princeton University Press.
- Böhme, Hartmut 2009. 'Vom *phobos* zur Angst. Zur Begriffs- und Transformationsgeschichte der Angst', in Harbsmeier, Michael and Möckel, Sebastian (eds), *Pathos, Affekt, Emotion. Transformationen der Antike*. Frankfurt am Main, Suhrkamp Verlag, pp. 154–84.
- Bolton, Lesley 2015. 'Patience for the little patient: the infant in Soranus' *Gynaecia*', in Petridou and Thumiger (eds), pp. 265–84.
- Bonanno, Maria 1990. *L'allusione Necessaria: Ricerche Intertestuali sulla Poesia Greca e latina*. Rome, Edizioni dell'Ateneo.
- Bosman, Philip 2003. *Conscience in Philo and Paul. A Conceptual History of the Synoida Word Group*. Tübingen, Mohr Siebeck.
- Bowlby, Rachel 2007. *Freudian Mythologies*. Oxford University Press.
- Boylan, Michael 2015. *The Origins of Ancient Greek Science. Blood – a Philosophical Study*. London, Routledge.
- Boys-Stones, George 2007. 'Physiognomy and ancient psychological theory', in Swain, Simon (ed.), *Seeing the Face, Seeing the Soul. Polemon's Physiognomy*

- from *Classical Antiquity to Medieval Islam*. Oxford University Press, pp. 19–124.
- Bradley, Mark (ed.) 2014a. *Smell and the Ancient Senses (The Senses in Antiquity)*. London, Routledge.
- 2014b. 'Introduction: smell and the ancient senses', in Bradley (ed.), pp. 1–16.
- Braund, Susanne and Gill, Christopher (eds) 1997. *The Passions in Roman Thought and Literature*. Cambridge University Press.
- Braund, Susanne and Most, Glenn (eds) 2003. *Ancient Anger. Perspectives from Homer to Galen*. Cambridge University Press.
- Breitwieser, Rupert 2012. *Behinderungen und Beeinträchtigungen / Disability and Impairment in Antiquity*. Oxford, Archaeopress.
- Brelich, Angelo 1978. *Gli eroi greci. Un Problema storico-religioso*. Rome, Adelphi.
- Bremmer, Jan 1983. *The Early Greek Concept of the Soul*. Princeton University Press.
- Brisson, Luc 2002. *Sexual Ambivalence. Androgyny and Hermaphroditism in Graeco-Roman Antiquity*. Trans. by Janet Lloyd. Berkeley, University of California Press (originally published as *Le Sexe incertain. Androgynie et hermaphrodisme dans l'antiquité gréco-romaine*. Paris, Les Belles Lettres, 1997).
- Brock, Roger 2000. 'Sickness in the body politic: medical imagery in the Greek polis', in Hope, Valerie M. and Marshall, Eireann (eds), *Death and Disease in the Ancient City*. London, Routledge, pp. 24–34.
2006. 'The body as political organism in Greek thought', in Prost, Francis and Wilgaux, Jerome (eds), *Penser et Représenter le Corps dans l'Antiquité*. Rennes, Presses Universitaires, pp. 351–9.
2013. *Greek Political Imagery from Homer to Aristotle*. London, Bristol Classical Press.
- Brooks, Robert A. 2000. 'Official madness: a cross-cultural study of involuntary civil confinement based on "mental illness"', in Hubert, Jane (ed.), *Madness, Disability and Social Exclusion. The Archaeology and Anthropology of 'Difference'*. London, Routledge, pp. 9–28.
- Buchmüller, Dominik 2008. *The Embodied Mind. Sensory-Motor Experience, Cognition and Linguistic Meaning as Continuum*. Munich, GRIN Verlag.
- Budelmann, Felix 2010. 'Bringing together nature and culture: on the uses and limits of cognitive science for the study of performance reception', in Hall, Edith and Harrop, Stephen (eds), *Theorising Performance: Greek Drama, Cultural History and Critical Practice*. London, Bristol Classical Press, pp. 108–22.
- Busfield, Joan 2011. *Mental Illness*. Oxford, Polity Press.
- Butler, Shane and Purves, Alex (eds) 2013. *Synaesthesia and the Ancient Senses (Senses in Antiquity)*. Oxford, Acumen.
- Byl, Simon 1998. 'Sommeil et insomnie dans le Corpus Hippocratique', *Revue Belge de philologie* 76: 31–6.
2002. 'Le Vocabulaire de l'intelligence dans le chapitre 35 du Livre I du traité du Régime', *Rev. de Philologie, de Littérature et d'Histoire Anciennes* 76: 217–24.
- Byl, Simon and Szafran, Willy 1996. 'La Phrenitis dans le Corpus Hippocratique. Étude philologique et médicale', *Vesalius* 2.2: 98–105.

- Bynum, Caroline W. 1988. 'Holy anorexia in modern Portugal', *Culture, Medicine and Psychiatry* 12: 239–48.
- Cagnetta, Mariella 2001. 'La peste e la stasis', *QS* 53: 5–37.
- Cairns, Douglas 1992. *Aidos. The Psychology and Ethics of Honour and Shame in Ancient Greek Literature*. Oxford, Clarendon Press.
2003. 'Ethics, ethology, terminology: Iliadic anger and the cross-cultural study of emotion', in Braund and Most (eds), pp. 11–49.
- (ed.) 2005a. *Body Language in the Greek and Roman Worlds*. Swansea, Classical Press of Wales.
- 2005b. 'Bullish looks and sidelong glances: social interaction and the eyes in ancient Greek culture', in Cairns (ed.), pp. 123–55.
2009. 'Weeping and veiling: grief, display, and concealment in ancient Greek culture', in Fögen, Thorsten (ed.), *Tears in the Greco-Roman World*. Berlin, De Gruyter, pp. 37–57.
- 2011a. 'Looks of love and loathing: cultural models of vision and emotion in ancient Greek culture', *Metis* 9: 37–50.
- 2011b. 'Veiling grief on the tragic stage', in Munteanu, Dana (ed.), *Emotion, Genre and Gender in Classical Antiquity*. London, Bloomsbury Academic, pp. 15–33.
- 2014a. 'A short history of shudders', in Chaniotis, Angelos (ed.), *Unveiling Emotions II. Emotions in Greece and Rome: Texts, Images, and Material Culture*. Stuttgart, Franz Steiner Verlag, pp. 85–107.
- 2014b. 'Ψυχή, θυμός, and metaphor in Homer and Plato', *Les Etudes Platoniciennes* 11. <http://etudesplatoniciennes.revues.org/566>.
- Cairns, Douglas, Rabinowitz, Nancy and Blundell, Sue (eds) 2013. *Vision and Viewing in Ancient Greece* (= *Helios* 40.1–2).
- Caldwell, Richard 1974. 'Selected bibliography on psychoanalysis and classical studies', *Arethusa* 7: 115–34.
1989. *The Origin of the Gods. A Psychoanalytic Study of Greek Theogonic Myth*. Oxford University Press.
- Cambiano, Giuseppe 1980. 'Une interprétation 'matérialiste' des rêves: *Du Régime IV*', in Grmek (ed.), pp. 87–96.
- Cantarella, Eva 1991. *I Supplizi Capitali in Grecia e a Roma*. Roma, Feltrinelli Editore.
- Castaneda, Carlos 1968. *The Teachings of Don Juan. A Yaqui Way of Knowledge*. New York, Washington Square Press.
1971. *A Separate Reality. Further Conversations with Don Juan*. New York, Washington Square Press.
1972. *Journey to Ixtlan. The Lessons of Don Juan*. New York, Washington Square Press.
- Catoni, Maria L. 2008. *La Comunicazione non Verbale nella Grecia Antica. Gli Schemata nella danza, nell'Arte, nella Vita*. Torino, Bollati Boringhieri.
- Catonné, Jean-Philippe 1993. 'Étude du vocabulaire sexuel hippocratique', *Bulletin de l'Association Guillaume Budé* 52: 332–47.
- Chaniotis, Angelos 1995. 'Illness and cures in the Greek propitiatory inscriptions and dedications of Lydia and Phrygia', in Horstmanshoff, Manfred, van der

- Eijk, Philip and Schrijvers, Peter (eds), *Ancient Medicine in its Socio-Cultural Context. Papers Read at the Congress Held at Leiden University, 13–15 April 1992*, vol. 2. Amsterdam and Atlanta, Brill, pp. 323–44.
2011. *Ritual Dynamics in the Ancient Mediterranean. Agency, Emotion, Gender, Representation*. Stuttgart, Franz Steiner Verlag.
- (ed.) 2012. *Unveiling Emotions. Sources and Methods for the Study of Emotions in the Greek World*, vol. 1. Stuttgart, Franz Steiner Verlag.
- (ed.) 2013. *Unveiling Emotions: Sources and Methods for the Study of Emotions in the Greek World*, vol. 2. Stuttgart, Franz Steiner Verlag.
- Chaniotis, Angelos and Ducrey, Pierre (eds) 2013. *Emotions in Greece and Rome. Texts, Images, Material Culture*. Stuttgart, Franz Steiner Verlag.
- Charney, Dennis, Buxbaum, Joseph, Nestler, Eric J. and Sklar, Pamela (eds) 2013. *Neurobiology of Mental Illness*. Oxford University Press.
- Chaston, Colleen 2009. *Tragic Props and Cognitive Function. Aspects of the Function of Images in Thinking*. Amsterdam, Brill.
- Ciani, Maria 1983. *Psicosi e Creatività nella Scienza antica*. Venice, Marsilio.
1987. 'The silences of the body: defect and absence of voice in Hippocrates', in Ciani, Maria (ed.), *The Regions of Silence. Studies on the Difficulty of Communicating*. Amsterdam, Brill, pp. 145–60.
- Clark, Andy 2008. *Supersizing the Mind. Embodiment, Action, and Cognitive Extension*. Oxford University Press.
- Clark, Andy and Chalmers, David 1998. 'The extended mind', *Analysis* 58.1: 7–19 (reprinted in *The Philosopher's Annual* 21: 59–74).
- Clark, Patricia 1993. *The Balance of the Mind*. Diss. Washington.
- Clarke, Michael 1999. *Flesh and Spirit in the Songs of Homer*. Oxford University Press.
2010. 'Semantics and vocabulary', in Bakker (ed.), pp. 120–331.
- Classen, Constance 1993. *Worlds of Sense. Exploring the Senses in History and across Cultures*. London, Routledge.
- (ed.) 2005a. *The Book of Touch*. Oxford and New York, Bloomsbury Academic.
- 2005b. 'Fingerprints: writing about touch', in Classen (ed.), pp. 1–15.
- Classen, Johannes 1879. *Beobachtungen über den Homerischen Sprachgebrauch*. Frankfurt am Main, Winter Verlag.
- Coles, Andrew 1995. 'Biomedical models of reproduction in the fifth-century BC and Aristotle's "Generation of Animals"', *Phronesis* 40.1: 48–88.
- Colombetti, Giovanna 2013. *The Feeling Body. Affective Science Meets the Enactive Mind*. Cambridge, MA, The MIT Press.
- Colvin, Stephen 2007. *A Historical Greek Reader*. Oxford University Press.
- Cooper, Rachel 2002. 'Disease', *Studies in History and Philosophy of Biological and Biomedical Sciences* 33: 263–82.
2004. 'What is wrong with the DSM?', *History of Psychiatry* 15: 5–24.
- Craik, Elizabeth M. 2001a. 'Thucydides on the plague: physiology of flux and fixation', *CQ NS* 51: 102–8.
- 2001b. 'Plato and medical texts: Symposium 185c–193d', *CQ NS* 51: 109–14.
- 2001c. 'Medical references in Euripides', *BICS* 45: 81–95.
2006. *Two Hippocratic Treatises on Sight and on Anatomy*. Leiden, Brill.

2009. 'Hippocratic bodily 'channels' and oriental parallels', *Medical History* 53: 105–16.
2015. *The 'Hippocratic Corpus'. Content and Context*. London, Routledge.
- Croissant, Jeanne 1932. *Aristote et les Mystères*. Liege, Arno Press.
- Crowley, Jason 2012. *The Psychology of the Athenian Hoplite. The Culture of Combat in Classical Athens*. Cambridge University Press.
2014. 'Beyond the universal soldier: combat trauma in classical antiquity', in Meineck, Peter and Konstan, David (eds), *Combat Trauma and the Ancient Greeks. The New Antiquity*. New York, Palgrave Macmillan, pp. 105–30.
- Damasio, Antonia 2000. *The Feeling of What Happens. Body and Emotion in the Making of Consciousness*. Orlando, Mariner Books.
2006. *Descartes' Error. Emotion, Reason and the Human Brain*. New York, Penguin Books.
- Danziger, Shai, Levav, Jonathan and Avnaim-Pesso, Liora 2011. 'Extraneous factors in judicial decisions', *PNAS* 108.17: 6889–92.
- Davidson, James 2007. *The Greeks and Greek Love. A Radical Reappraisal of Homosexuality in Ancient Greece*. London, Random House.
- Davies, Malcolm 1991. *Sophocles. Trachiniae*. Oxford University Press.
- Dawson, Abigail 2006. *Madness in Context in the Histories of Herodotus*. Diss. Auckland.
- Day, Jo (ed.) 2013. *Making Senses of the Past. Toward a Sensory Archaeology*. Carbondale, Southern Illinois University Press.
- Dean-Jones, Lesley 1992. 'The politics of pleasure: female sexual appetite in the *Hippocratic Corpus*', *Helios* 19: 72–91.
1995. 'Autopsia, historia and what women know: the authority of women in Hippocratic gynaecology', in Bates, Don (ed.), *Knowledge and the Scholarly Medical Traditions. A Comparative Study*. Cambridge University Press, pp. 41–58.
1996. *Women's Bodies in Classical Greek Science*. Oxford, Clarendon Press.
2003. 'The cultural construct of the female body in classical Greek science', in Golden, Mark and Toohey, Peter (eds), *Sex and Difference in Ancient Greece and Rome*. Edinburgh University Press, pp. 183–201.
- Dean-Jones, Lesley and Rosen, Ralph M. (eds) 2016. *Ancient Concepts of the Hippocratic*. Leiden, Brill.
- Deichgräber, Karl and Schwyzer, Eduard 1935. *Über Entstehung und Aufbau des menschlichen Körpers (Peri sarkōn)*. Leipzig and Berlin, Teubner.
- Deichgräber, Karl 1933. *Die Epidemien und das Corpus Hippocraticum. Voruntersuchungen zu einer Geschichte der Koischen Ärzteschule*. Berlin, De Gruyter.
1982. *Die Patienten des Hippokrates. Historisch-Prosopographische Beiträge zu den Epidemien des Corpus Hippocraticum*. Mainz, Akademie der Wissenschaften und der Literatur.
- Delatte, Armand 1934. 'Les conceptions de l'enthousiasme chez les philosophes présocratiques', *L'Antiquité Classique* 3: 5–79.

- Delcourt, Marie 1961. *Hermaphrodite. Myths and Rites of the Bisexual Figure in Classical Antiquity*. Trans. by J. Nicholson. London, Studio books (originally published as *Hermaphrodite. Mythes et rites de la Bisexualité dans l'Antiquité classique*. Paris, Presses Universitaires de France, 1958).
- Demont, Paul 2016. 'Remarques sur le tableau de la médecine et d'Hippocrate chez Platon', in Dean-Jones and Rosen, pp. 61–82.
- Desclos, Marie-Laurence 2000. *Le Rire des Grecs. Anthropologie du Rire en Grèce Ancienne*. Grenoble, Editions Jerome Millon.
- Detienne, Marcel 1967. *Les Maîtres de Vérité dans la Grèce Archaïque*. Paris, Le Livre de Poche.
- Detienne, Marcel and Vernant, Jean-Pierre 1982. *La Cucina del Sacrificio in Terra Greca*. Milan, Bollati Boringhieri.
- Devereux, George 1970a. 'The nature of Sappho's seizure in fr. 31 as evidence of her inversion', *CQ NS* 20: 17–31.
- 1970b. 'The psychotherapy scene in Euripides' *Bacchae*', *JHS* 90: 35–48.
1976. *Dreams in Greek Tragedy. An Ethno-Psychoanalytical Study*. Oxford, Basil Blackwell.
- De Vignemont, Frederique and Singer, Tania 2006. 'The empathetic brain: how, when, and why', *Trends in Cognitive Sciences* 10: 435–41.
- Devinant, Julien in press. 'Mental disorders and psychological suffering in Galen's cases', in Thumiger and Singer (eds).
- Devinsky, Orrin and D'Esposito, Mark (eds) 2004. *Neurology of Cognitive and Behavioural Disorders*. Oxford University Press.
- Di Benedetto, Vincenzo (ed.) 1965. *Euripide. Oreste*. Florence, La Nuova Italia.
1985. 'Intorno al linguaggio erotico di Saffo', *Hermes* 113: 145–56.
1986. *Il medico e la malattia*. Turin, Giulio Einaudi.
- Diels, Hermann 1897/2003. *Parmenides Lehrgedicht*. Berlin, De Gruyter. Reprinted 2003.
- Diliberto, Oliviero 1984. *Studi sulle Origini della 'Cura Furiosi'*. Naples, Jovene.
- Dillon, Matthew 2016. 'Legal (and customary?) approaches to the disabled in ancient Greece', in Laes, Christian (ed.), *Disability in Antiquity*. Oxford and New York, Routledge, pp. 167–81.
- Di Paolo, Ezequiel 2005. 'Autopoiesis, adaptivity, teleology, agency', *Phenomenology and the Cognitive Sciences* 4.4: 429–52.
- Dodds, Eric R. 1951. *The Greeks and the Irrational*. Berkeley, University of California Press.
- Dols, Michael 1992. *Majnun. The Madman in Medieval Islamic Society*. Oxford, Clarendon Press.
- Dover, Kenneth J. 1974. *Greek Popular Morality in the Time of Plato and Aristotle*. Oxford, Basil Blackwell.
1978. *Greek Homosexuality*. Cambridge, MA, Gerald Duckworth & Co.
- Drabkin, I. E. 1955. 'Remarks on ancient psychopathology', *Isis* 46: 223–34.
- Ducatillon, Jeanne 2001. 'Le serment d'Hippocrate, problèmes et interprétations', *Bulletin de l'Association Guillaume Budé* 1.1: 34–61.

- Dunbabin, Katherine M. D. and Dickie, Matthew W. 1983. 'INVIDIA RUMPANTUR PECTORA: the iconography of *phthonos/invidia* in Graeco-Roman art', *Jahrbuch für Antike und Christentum* 26: 7–37.
- Durup, Sylvie 1997. 'L'espressione tragica del desiderio amoroso', in Calame, Claude (ed.), *L'amore in Grecia*. Bari, Laterza, pp. 143–57.
- Easterling, Patricia E. 1982. *Sophocles. Trachiniae*. Cambridge University Press.
- Edelstein, Ludwig 1945. 'The role of Eryximachos in Plato's *Symposium*', *TAPA* 76: 83–103.
- Ekman, Paul and Friesen, Wallace V. 1975. *Unmasking the Face. A Guide to Recognizing Emotions from Facial Clues*. Upper Saddle River, Prentice Hall.
- Elster, Jon 1999. *Alchemies of the Mind, Rationality and the Emotions*. Cambridge University Press.
- Engel, Martina 1991. *Psychische Erkrankungen bei Hippokrates, Celsus und Aretaios*. Diss. Frankfurt.
- Entralgo, Pedro L. 1970. *The Therapy of the Word in Classical Antiquity*. New Haven, Yale University Press.
- Ermacora, Davide 2015. 'Pre-modern bosom serpents and Hippocrates' *Epidemiae* 5:86: a comparative and contextual folklore approach', *JEF* 9.2: 75–119, www.jef.ee/index.php/journal/article/view/212.
- Evans, Katie, McGrath, John and Milns, Robert 2003. 'Searching for schizophrenia in ancient Greek and Roman literature: a systematic review', *Acta Psychiatr. Scand.* 107.5: 323–30.
- Fagan, Garrett 2011. *The Lure of the Arena*. Cambridge University Press.
- Falk, Friedrich 1866. 'Studien über Irrenheilkunde der Alten', *Allg. Zeitschr. für Psychiatrie* 23: 429–566.
- Feola, Giuseppe 2012. *Phantasma e Phantasia. Illusione e Apparenza Sensibile nel De Anima di Aristotele*. Naples, Loffredo.
- Ferrari, Franco 2001. 'Saffo: nevrosi e poesia', *SIFC* 19: 3–31.
2007. *Una Mitra per Kleis*. Pisa, Giardini.
- Ferrari, Gloria 1990. '"Figures of speech": the picture of *aidôs*', *Metis* 5: 185–204.
2002. *Figures of Speech. Men and Maidens in Ancient Greece*. University of Chicago Press.
2009. 'Introduction', in Fögen, Thorsten and Lee, Mireille (eds), *Bodies and Boundaries in Graeco-Roman Antiquity*. Berlin, De Gruyter, pp. 1–10.
- Finglass, Patrick 2011. *Sophocles. Ajax*. Cambridge University Press.
- First, M. B., Frances, A. and Pincus, H. A. 2004. *DSM-IV-TR Guidebook*. Washington, DC, American Psychiatric Publishing.
- Flashar, Hellmut 1966. *Melancholie und Melancholiker in den Medizinischen Theorien der Antike*. Berlin, De Gruyter.
- (trans. and comm.) 1981. *Aristoteles, Mirabilia*. Berlin, Akademie Verlag.
- Fleischer, Ulrich 1939. *Untersuchungen zu den Pseudohippokratischen Schriften*. Berlin, Junker und Dünhaupt.
- Fögen, Thorsten 2005. 'Verbal and non-verbal communication in ancient medical discourse', in Kiss, Sándor, Mondin, Luca and Salvi, Giampaolo (eds), *Latin et Langues Romanes. Études de linguistique offertes à József Herman à l'occasion de son 80ème anniversaire*. Tübingen, Max Niemeyer Verlag, pp. 287–300.

- (ed.) 2009a. *Tears in the Graeco-Roman World*. Berlin, De Gruyter.
- 2009b. 'The body in antiquity: a very select bibliography', in Fögen and Lee (eds), pp. 11–14.
- 2009c. 'Sermo Corporis: ancient reflections on *gestus*, *vultus* and *vox*', in Fögen and Lee (eds), pp. 15–44.
- 2009d. *Wissen, Kommunikation und Selbstdarstellung. Zur Struktur und Charakteristik römischer Fachtexte der frühen Kaiserzeit*. Munich, C. H. Beck.
- Fögen, Thorsten and Lee, Mireille (eds) 2009. *Bodies and Boundaries in Graeco-Roman Antiquity*. Berlin, De Gruyter.
- Föllinger, Sabine 1996. 'Σκετλία δρωσι: Hysterie in den hippokratischen Schriften', in Wittern, Renate and Pellegrin, Pierre (eds), *Hippokratische Medizin und antike Philosophie*. Hildesheim, Zurich and New York, Olms, pp. 437–50.
- Fontaine, Michael 2013. 'On being sane in an insane place: the Rosenhan experiment in the laboratory of Plautus' Epidamnus', *Curr. Psychol.* 32, 4: 348–65.
- Forbes, Robert J. 1966. *Studies in Ancient Technology*. Leiden, Brill.
- Ford, Andrew 2004. 'Catharsis: the power of music in Aristotle's *Politics*'. In Murray, Penelope and Wilson, Peter (eds), *Music and the Muses: The Culture of Mousike in the Classical Athenian City*. Oxford University Press, pp. 309–36.
- Forrester, John 2011. 'Historical notes on the psychiatry complex: market forces, legal imperatives and moral treatment'. Paper given at the conference 'Situating Mental Illness. Between Scientific Certainty and Personal Narrative'. ICI Kultur Labor Berlin, 28–9 April 2011.
- Fortenbaugh, William W., Sharples, Robert W. and Sollenberger, Michael G. (eds) 2003. *Theophrastus of Eresus. On Sweat, on Dizziness and on Fatigue*. Leiden, Brill.
2011. With contributions on the Arabic material by Dimitri Gutas. *Theophrastus of Eresus. Commentary Volume 6.1: Sources on Ethics*. Leiden, Brill.
- Foucault, Michel 1964/2006. *History of Madness*. Trans. by J. Murphy. Oxford, Routledge (originally published as *Folie et Dérison: Histoire de la Folie à l'Âge Classique*. Paris, Plön, 1964).
1973. *Moi Pierre Rivière, ayant égorgé ma mère ma soeur et mon frère [...]*. Paris, Editions Gallimard-Julliard.
- 1975/1979. *Discipline and Punish. The Birth of the Prison*. Trans. by A. Sheridan. New York, Vintage Books (originally published as *Surveiller et punir. Naissance de la prison*, Paris, Editions Gallimard, 1975).
- 1984/1998. *The Use of Pleasure. History of Sexuality*, vol. 2. Trans. by R. Hurley. London, Penguin Books (originally published as *L'usage des plaisirs*. Paris, Gallimard, 1984).
- 1984/1986. *The Care of the Self. History of Sexuality*, vol. 3. Trans. by R. Hurley. New York, Pantheon Books (originally published as *Le Souci de soi*. Paris, Gallimard, 1984).
- Fraenkel, Eduard 1950. *Aeschylus. Agamemnon*. Oxford, Clarendon Press.
- Frances, Allen 2009. 'A warning sign on the road to DSM-V: beware of its unintended consequences', *Psychiatric Times* 26 June.
2010. 'Good grief', *The New York Times* 14 August.

2011. 'The uses and misuses of psychiatric diagnosis'. Paper delivered at the conference 'Situating Mental Illness. Between Scientific Certainty and Personal Narrative'. ICI Kultur Labor Berlin, 28–9 April 2011.
- Francis, Sarah in press. 'From private disabilities to public illnesses: placing the mentally incapacitated in Roman society', in Thumiger and Singer (eds).
- Fratantuono, Lee 2007. *Madness Unchained: A Reading of Virgil's Aeneid*. Lanham, Lexington Books.
2011. *Madness Transformed. A Reading of Ovid's Metamorphoses*. Lanham, Lexington Books.
2012. *Madness Triumphant. A Reading of Lucan's Pharsalia*. Lanham, Lexington Books.
- Frede, Dorothea and Reis, Burkhard (eds) 2009. *Body and Soul in Ancient Philosophy*. Berlin and New York, De Gruyter.
- Frede, Michael 1992. 'On Aristotle's conception of the soul', in Nussbaum, Martha C. and Rorty, Amelie (eds), *Essays on Aristotle's De Anima*. Oxford University Press, pp. 93–107.
- Freud, Sigmund 1936/1972. 'A disturbance of memory on the Acropolis', in Strachey, James (ed. and trans.), *The Standard Edition of the Complete Psychological Works of Sigmund Freud*. SE, vol. 22. London, W. W. Norton & Company (1956–74), pp. 237–48 (*Brief an Romain Rolland. Eine Erinnerungsstörung auf der Akropolis*, 1936).
- Friedreich, Johann B. 1830. *Versuch einer Literaturgeschichte der Pathologie und Therapie der psychischen Krankheiten. Von den ältesten Zeiten bis zum neunzehnten Jahrhundert*. Würzburg, Strecker.
- Frijda, Nico 2007. *The Laws of Emotion*. London, Lawrence Erlbaum Associates.
- Frontisi-Ducroux, Françoise 1991. 'Senza maschera né specchio: l'uomo greco e i suoi doppi', in Bettini, Maurizio (ed.), *La Maschera, il Doppio e il Ritratto. Strategie dell'Identità*. Bari, Editori Laterza, pp. 131–58.
1995. *Du Masque au Visage. Aspects de l'Identité en Grèce Ancienne*. Paris, Flammarion.
- Fuchs, Thomas and Schlimme, Jann E. 2009. 'Embodiment and psychopathology: a phenomenological perspective', *Current Opinion in Psychiatry* 22: 570–5.
- Gallagher, Shaun 2005. *How the Body Shapes the Mind*. Oxford University Press.
- Gallop, David 1990. *Aristotle on Sleep and Dreams*. Peterborough, Broadview Press.
- Garland, Robert 1993. Review of Anton J. L. Van Hooff, *From Autothanasia to Suicide. Self-Killing in Classical Antiquity* (London, 1990), *Ancient Philosophy* 13.2: 470–1.
- 1995/2010. *The Eye of the Beholder: Deformity and Disability in the Graeco-Roman World*. London, Bristol Classical Press (1st edition 1995).
- Garvie, A. 1969. *Aeschylus' Supplikes. Play and Trilogy*. Cambridge University Press.
1986. *Aeschylus. Choephoroi*. Oxford University Press.
- Geller, Mark 1997. 'Freud, magic and Mesopotamia: how the magic works', *Folklore* 108: 1–7.

2003. 'Paranoia, the evil eye, and the face of evil', in Sallaberger, Walther, Volk, Konrad and Zgoll, Annette (eds), *Literatur, Politik und Recht in Mesopotamien. Festschrift für C. Wilcke*. Wiesbaden, Harrassowitz Verlag, pp. 1–7.
- Gendlin, Eugene 1981. *Focusing*. New York, Bantam Books.
- Gera, Deborah L. 1993. *Xenophon's Cyropaedia. Style, Genre and Literary Technique*. Oxford, Clarendon Press.
- Gilbert, Ruth 2000. '"Strange notions": treatments of early modern hermaphrodites', in Hubert (ed.), pp. 128–43.
- Gill, Christopher 1985. 'Ancient psychotherapy', *Journal of the History of Ideas* 46.3: 307–25.
1990. 'The character–personality distinction', in Pelling, Christopher (ed.), *Characterisation and Individuality in Greek Literature*. Oxford, Clarendon Press, pp. 1–31.
- 1996a. *Personality in Greek Epic, Tragedy and Philosophy*. Oxford, Clarendon Press.
- 1996b. 'Mind and madness in Greek tragedy', *Apeiron* 29.3: 249–68.
2000. 'The body's fault? Plato's *Timaeus* on psychic illness', in Wright, M. Richard (ed.), *Reason and Necessity. Essays on Plato's Timaeus*. London, Duckworth and The Classical Press of Wales, pp. 59–84.
2006. *The Structured Self in Hellenistic and Roman Thought*. Oxford University Press.
2010. *Naturalistic Psychology in Galen and Stoicism*. Oxford University Press.
2013. 'Philosophical therapy as preventive psychological medicine', in Harris (ed.), pp. 339–60.
- in press. 'Philosophical psychological therapy: did it have any impact on medical practice?', in Thumiger and Singer (eds).
- Gilman, Sander L. 2011. 'Seeing bodies in pain: from Hippocrates to Freud', *International Journal of Psychoanalysis* 92: 661–74.
- Giusti, Alberto 1929. 'La pazzia religiosa di Cambise', *Bilychnis* 33: 181–96.
- Glenn, Justin 1979. 'Pentheus and the psychologists: some recent views of the *Bacchae*', *RCS* 27: 5–10.
- Godderis, Jan 1988. *Galenos von Pergamon over Psychische Stoornissen*. Leuven, Acco.
- Golafshani, Nahid 2003. 'Understanding reliability and validity', *Qualitative Research* 8.4: 597–607.
- Goldhill, Simon 1999. 'Programme notes', in Goldhill, Simon and Osborne, Robin (eds), *Performance Culture and Athenian Democracy*. Cambridge University Press, pp. 1–29.
2000. 'Placing theatre in the history of vision', in Rutter, Keith and Sparkes, Brian (eds), *Word and Image in Ancient Greece*. Edinburgh University Press, pp. 161–79.
- Goodey, Christopher F. 2011. *A History of Intelligence and 'Intellectual Disability'. The Shaping of Psychology in Early Modern Europe*. Farnham, Ashgate.
- Gottschall, Jonathan 2001. 'Homer's human animal: ritual combat in the *Iliad*', *Philosophy and Literature* 25: 278–94.
2005. *The Literary Animal. Evolution and the Nature of Narrative*. Evanston, Northwestern University Press.

2008. *The Rape of Troy. Evolution, Violence and the World of Homer*. Cambridge University Press.
- Gourevitch, Danielle 1983a. 'L'aphonie hippocratique', in Lasserre, François and Mudry, Philippe (eds), *Formes de Pensée dans la Collection Hippocratique*. Geneva, Droz, pp. 297–305.
- 1983b. 'La psychiatrie de l'antiquité gréco-romaine', in Postel, Jacques and Quetel, Claude (eds), *Nouvelle Histoire de la Psychiatrie*. Paris, Dunod, pp. 2–14.
1984. *Le Triangle Hippocratique dans le Monde Gréco-Romain. Le Malade, sa Maladie et son Médecin*. Paris and Rome, École française de Rome.
1995. '“Women who suffer from a man's disease”: the example of satyriasis and the debate on affections specific to the sexes', in Hawley, Richard and Levick, Barbara (eds), *Women in Antiquity*. London, Psychology Press, pp. 149–65.
2013. 'Two historical case histories of acute alcoholism in the Roman empire', in Laes et al. (eds), pp. 73–88.
- Gourevitch, Danielle and Gourevitch, Michel 1980. 'Simulation', *L'Evol. Psych.* 45:3: 205–9.
- 1982a. 'Médecins fous', *L'Evol. Psych.* 47.4: 1113–18.
- 1982b. 'Phobies', *L'Evol. Psych.* 47.3: 888–93.
- 1982c. 'Un accès mélancolique', *L'Evol. Psych.* 47.3: 623–4.
- Gourevitch, Danielle and Grmek, Mirko D. 1987. 'L'obésité et ses représentations figurées dans l'antiquité', *Archéologie et Médecine* (Actes du Colloque d'Antibes, 1986), Juan-les-Pins, pp. 355–67.
- Graumann, Lutz A. 2000. *Die Krankengeschichten der Epidemienbücher des Corpus Hippocraticum*. Leipzig, Shaker Verlag.
2013. 'Monstrous births and retrospective diagnosis: the case of hermaphrodites in antiquity', in Laes et al. (eds), pp. 181–209.
- Greenfield, Susan 2000. *The Private Life of the Brain*. London, Penguin Books.
- Grethlein, Jonas and Rengakos, Antonios 2009. *Narratology and Interpretation. The Content of Narrative Form in Ancient Literature*. Berlin, De Gruyter.
- Griffith, Mark 1983. *Aeschylus. Prometheus Bound*. Cambridge University Press.
1999. *Sophocles. Antigone*. Cambridge University Press.
- Grimaudo, Sabrina 2008. *Difendere la Salute. Igiene e Disciplina del Soggetto nel De Sanitate Tuenda di Galeno*. Naples, Bibliopolis.
- Grmek, Mirko D. (ed.). 1980. *Hippocratica. Actes du Colloque Hippocratique de Paris*. Paris, Editions du C.N.R.S.
1989. *Diseases in the Ancient Greek World*. Baltimore and London, Johns Hopkins University Press.
1996. *Il calderone di Medea. La Sperimentazione sul Vivente nell'Antichità*. Trans. by C. Milanese. Rome and Bari, Laterza (originally published as *Le Chaudron de Médée. L'Expérimentation sur le vivant dans l'antiquité*. Le Plessis-Robinson, Synthélabo, 1997).
- Guardasole, Alessia 2000. *Tragedia e Medicina nell'Atene del V secolo AC*. Naples, M. D'Auria Editore.
- Guenther, Katja 2015. *Localisation and its Discontents. A Genealogy of Psychoanalysis and the Neuro Disciplines*. University of Chicago Press.

- Guidorizzi, Giulio 1988. *Il Sogno in Grecia*. Bari, Laterza.
2010. *Ai Confini dell'Anima. I Greci e la follia*. Milan, Raffaello Cortina.
2013. *Il Compagno dell'Anima. I Greci e il sogno*. Milan, Raffaello Cortina.
- Gundert, Beate 2000. 'Soma and psyche in Hippocratic medicine', in Wright, John and Potter, Paul (eds), *Psyche and Soma. Physicians and Metaphysicians on the Mind-Body Problem from Antiquity to Enlightenment*. Oxford University Press, pp. 13–36.
- Hall, Edith 1997. 'The sociology of Athenian tragedy', in Easterling, Patricia (ed.), *The Cambridge Companion to Greek Tragedy*. Cambridge University Press, pp. 93–126.
- Halliday, Michael 2004. *The Language of Science*. Edited by J. Webster. London, Continuum.
- Halliwell, Stephen 1991. 'The uses of laughter in Greek culture', *CQ NS* 41: 279–96.
2008. *Greek Laughter. A Study of Cultural Psychology from Homer to Early Christianity*. Cambridge University Press.
- Halperin, David, Winkler, John and Zeitlin, Froma (eds) 1990. *Before Sexuality. The Construction of Erotic Experience in the Ancient Greek World*. Princeton University Press.
- Hammond, William A. 1882. 'The disease of the Scythians (*morbus feminarum*)', *American Journal of Neurology* 1: 339–55.
- Hankinson, Robert J. 1991. 'Greek medical models of mind', in Everson, Stephen (ed.), *Psychology. Companions to Ancient Thought*, vol. 2. Cambridge University Press, pp. 194–217.
1995. 'Pollution and infection: an hypothesis still-born', *Apeiron* 28: 25–66.
1998. 'Magic, religion and science: divine and human in the Hippocratic Corpus', *Apeiron* 31: 1–34.
- Hanson, Ann E. 1985. 'The women of the Hippocratic Corpus', *Bulletin of the Institute of Ancient Medicine* 13: 5–7.
1986. 'The virgin's voice and neck: Aeschylus, Agamemnon 245 and other texts', *BICS* 33: 97–100.
1989. 'Diseases of women in the *Epidemics*', in Baader, Gerhard and Winau, Rolf (ed.), *Die Hippokratischen Epidemien. Theorie-Praxis-Tradition: Verhandlungen des Ve Colloque International Hippocratique*. Stuttgart, F. Steiner, pp. 38–51.
1990. 'The medical writers' woman', in Halperin et al. (eds), pp. 309–37.
2003. '"Your mother nursed you with bile": anger in babies and small children', in Braund and Most (eds), pp. 185–207.
- Hanson, Maury L. 1989. *Eye Terms in Greek Tragedy*. Diss. University of North Carolina.
- Harbsmeier, Michael and Möckel, Sebastian (eds) 2009. *Pathos, Affekt, Emotion. Transformationen der Antike*. Frankfurt am Main, Suhrkamp Verlag.
- Harris, William V. 2003. 'The rage of women', in Braund and Most (eds), pp. 122–43.
2004. *Restraining Rage. The Ideology of Anger Control in Classical Antiquity*. Harvard University Press.

2009. *Dreams and Experience in Classical Antiquity*. Cambridge, MA, Harvard University Press.
2010. 'History, empathy, and emotion', *Antike und Abendland* 56: 1–23.
- (ed.) 2013a. *Mental Disorders in the Classical World*. Leiden, Brill.
- 2013b. 'Greek and Roman hallucinations', in Harris (ed.), pp. 285–306.
- (ed.) 2016 *Popular Medicine in the Graeco-Roman World. New Approaches*. Columbia Studies in the Classical Tradition 42. Leiden, Brill.
- Hawley, Richard and Levick, Barbara (eds) 1995. *Women in Antiquity. New Assessments*. London and New York, Psychology Press.
- Heiberg, Johann M. 1927. 'Geisteskrankheiten im klassischen Altertum', *Allgem. Zeitschr. für Psychiatr.* 86: 1–44.
- Henrichs, Albert 1984. 'Loss of self, suffering, violence: the modern view of Dionysus from Nietzsche to Girard', *HSCP* 88: 205–40.
- Herman, Gabriel 2011. 'Greek epiphanies and the sensed presence', *Historia* 60: 127–57.
- Hershkowitz, Debra 1998. *The Madness of Epic. Reading Insanity from Homer to Statius*. Oxford University Press.
- Hitch, Sarah 2012. 'Anthropology and food studies', in Wilkins, John and Nadeau, Robin (eds), *Companion to Food in the Ancient World*. London, Wiley-Blackwell, pp. 116–22.
- Holmes, Brooke 2008. 'Euripides' *Heracles* in the flesh', *Classical Antiquity* 28: 231–81.
2010. *The Symptom and the Subject. The Emergence of the Physical Body in Ancient Greece*. Princeton University Press.
2012. *Gender. Antiquity and its Legacy*. London, I. B. Tauris.
2013. 'In strange lands: disembodied authority and the role of the physician in the Hippocratic Corpus and beyond', in Asper, Markus (ed.), *Writing Science. Mathematical and Medical Authorship in Ancient Greece. Science, Technology and Medicine in Ancient Cultures*, vol. 1. Berlin, De Gruyter, pp. 431–72.
- Horden, Peregrine 2000. *Music as Medicine*. Aldershot, Ashgate.
2005. 'Travel sickness: medicine and mobility in the Mediterranean from antiquity to the Renaissance', in Harris, W. V. (ed.), *Rethinking the Mediterranean*, Oxford University Press, pp. 179–99.
- Hornsby, Jennifer 1997. *Simple Mindedness. In Defense of Naive Naturalism in the Philosophy of Mind*. Cambridge, MA, Harvard University Press.
- Horstmanshoff, Manfred 1990. 'The ancient physician: craftsman or scientist?', *Journal of the History of Medicine and Allied Sciences* 45: 176–97.
- 1999a. 'Ancient medicine between hope and fear: medicament, magic and poison in the Roman Empire', *European Review* 7.1: 37–51.
- 1999b. 'Les Émotions chez Caelius Aurelianus', in Mudry, Philippe (ed.), *Le Traité des Maladies aiguës et des Maladies Chroniques de Caelius Aurelianus. Nouvelles Approches*. Nantes, Institut Universitaire de France, pp. 259–89.
2000. 'Who is the true eunuch? Medical and religious ideas about eunuchs and castration in the works of Clement of Alexandria', in Kottek, Samuel and Horstmanshoff, Manfred (eds), *From Athens to Jerusalem. Medicine*

- in *Hellenized Jewish Lore and in Early Christian Literature*. Papers of the Symposium in Jerusalem, 9–11 September 1996. Rotterdam, Erasmus Publishing, pp. 101–18.
- Horstmanshoff, Manfred, Stol, Marten and Van Tilburg, Cornelis (eds) 2004. *Magic and Rationality in Ancient Near Eastern and Graeco-Roman Medicine*. Leiden, Brill.
- Howes, David 1991. *The Variety of Sensory Experience. A Sourcebook in the Anthropology of the Senses*. University of Toronto Press.
- (ed.) 2005. *Empire of the Senses*. Oxford and New York, Berg Publishers.
- Hubert, Jane (ed.) 2000. *Madness, Disability and Social Exclusion. The Archaeology and Anthropology of 'Difference'*. London, Routledge.
- Hudson-Williams, H. 1955. 'Thukydides und die hippokratischen Schriften', *CR NS* 5: 265–6.
- Hüffmeier, Friedrich 1961. 'Phronesis in den Schriften des *Corpus Hippocraticum*', *Hermes* 89: 51–84.
- Hughes, Julian C. 2013. 'If only the ancients had had DSM, all would have been crystal clear: reflections on diagnosis', in Harris (ed.), pp. 41–58.
- Hughes Fowler, Barbara 1957. 'The imagery of the *Prometheus Bound*', *AJPh* 78: 173–84.
- Hulskamp, Maithe A. A. 2008. *Sleep and Dreams in Ancient Medical Diagnosis and Prognosis*. Diss. Newcastle.
2013. 'The value of dream diagnosis to the Hippocratics and Galen', in Oberhelman, Steven (ed.), *Dreams, Healing and Medicine in Greece. From Antiquity to the Present*. Farnham and Burlington VT, Routledge, pp. 33–68.
2015. 'On Regimen and the question of medical dreams in the Hippocratic Corpus', in Dean-Jones, Lesley and Rosen, Ralph M. (eds), pp. 258–70.
- Hurley, Susan L. and Noë, Alva 2003. 'Neural plasticity and consciousness', *Biology and Philosophy* 18.1: 131–68.
- Ierodiakonou, Katerina 2014. 'On Galen's theory of vision', in Adamson, Peter, Hansberger, Rotraud and Wilberding, James (eds), *Philosophical Themes in Galen. Bulletin of the Institute of Classical Studies Supplement* 114. University of London, pp. 235–47.
- Isaac, Benjamin H. 2004. *The Invention of Racism in Classical Antiquity*. Princeton University Press.
- Jackson, Stanley W. 1969. 'Galen: On Mental Disorders', *JHBS* 5: 365–84.
1986. *Melancholia and Depression. From Hippocratic Times to Modern Times*. New Haven and London, Yale University Press.
- Jandolo, Michele 1967. 'Manifestazioni somatiche delle psicosi in Ippocrate', *Riv. St. Med.* 11: 45–8.
- Jebb, Richard 1898. *Sophocles. Trachiniae*. Cambridge University Press.
- Johansen, Friis and Whittle, Edward (eds) 1980. *Aeschylus. The Suppliants*. 3 vols. Copenhagen, Gyldendal.
- Johansen, Thomas K. 1997. *Aristotle on the Sense-Organs*. Cambridge University Press.

- Jouanna, Jacques 1984/2012. 'Rhetoric and medicine in the Hippocratic Corpus: a contribution to the history of rhetoric in the fifth century', in van der Eijk (ed. and trans.), pp. 39–54 (originally published as 'Rhétorique et médecine dans la *Collection Hippocratique*: contribution à l'étude de la rhétorique au Ve siècle', *Revue des Études grecques* 9, 1984: 26–44).
- 1987/2012. 'Hippocratic medicine and Greek tragedy', in van der Eijk (ed. and trans.), pp. 55–80 (originally published as 'Médecine hippocratique et tragédie grecque', in Ghiron-Bistagne, Paulette (ed.), *Antropologie et théâtre antique. Actes du Colloque International, Montpellier, 6–8 mars 1986*. Montpellier, Université Paul Valéry, 1987, pp. 109–31).
- 1990/2012. 'Disease as aggression in the Hippocratic Corpus and Greek tragedy: wild and devouring disease', in van der Eijk (ed. and trans.), pp. 81–96 (originally published as 'La Maladie comme aggression dans la collection hippocratique et la tragédie grecque: la maladie sauvage et dévorante', in Potter, P., Maloney, G. and Desautels, J. (eds), *La Maladie et les maladies dans la Collection Hippocratique. Actes du Vie Colloque International Hippocratique. Québec, 28 sept.–3 oct. 1987*. Québec, Editions du Sphinx, 1990, pp. 39–60).
- 1996/2012. 'Wine and medicine in ancient Greece', in van der Eijk (ed. and trans.), pp. 173–94 (originally published as 'Le Vin et la médecine dans la Grèce ancienne', *Revue des Études Grecques* 109, 1996: 54–64).
- (ed.) 1999. *Hippocrates. Medicine and Culture*. Trans. by M. B. DeBevoise. Baltimore and London, Johns Hopkins University Press (originally published as *Hippocrate*. Paris, Fayard 1992).
2001. 'Le serpent ἈΡΓΗΣ: Hippocrate, Épidémies V, c.86', in Follet, Simone and Jouanna, Jacques (eds), *Dieux, héros et médecins grecs. Hommage à Fernand Robert M. Woronoff*. Paris, Presses universitaires de France-Comte, pp. 165–75.
- 2001/2012. 'Air, miasma and contagion in the time of Hippocrates and the survival of miasmas in post-Hippocratic medicine (Rufus of Ephesus, Galen and Palladius)', in van der Eijk (ed. and trans.), pp. 121–36 (originally published as 'Air, miasme et contagion à l'époque d'Hippocrate, et survivance des miasmes dans la médecine posthippocratique (Rufus d'Éphèse, Galien et Palladios)', in Basyn-Tacchella, Sylvie, Quérue, Danielle and Samama, Evelin (eds), *Air, Miasmes et Contagion. Les Épidémies dans l'Antiquité et au Moyen Âge*. Langres, D. Guéniot, 2001, pp. 9–28).
- 2007a/2012. 'At the roots of melancholy: is Greek medicine melancholic?', in van der Eijk (ed. and trans.), pp. 229–58 (originally published as 'Aux racines de la mélancolie: la médecine grecque est-elle mélancolique?', in Clair, Jean and Kopp, Robert (eds), *De la Mélancolie*. Paris, Gallimard, 2007, pp. 11–51).
- 2007b/2012. 'The theory of sensation, thought and the soul in the Hippocratic treatise *Regimen*: its connections with Empedocles and Plato's *Timaeus*', in van der Eijk (ed. and trans.), pp. 195–228 (originally published as 'La théorie de la sensation, de la pensée et de l'âme dans le traité hippocratique du *Régime*: ses rapports avec Empédocle et le Timée de Platon', *AION – Annali dell'Università degli studi di Napoli L'Orientale* 29, 2007: 9–39).

2013. 'The typology and aetiology of madness in ancient Greek medical and philosophical writing', trans. C. Wazer ('La typologie et l'étiologie de la folie chez les médecins et les philosophes dans la Grèce ancienne'), in Harris (ed.), pp. 97–118.
- Kächele, Horst 2011. 'The single case study approach as a bridge between clinicians and researchers'. Paper presented at the Annual Meeting of the Rapaport-Klein Study Group. Austen Riggs Center. Stockbridge, MA, 3–5 June. www.psychomedia.it/rapaport-klein/Kaechele-2011.pdf.
- Kächele, Horst, Schachter, Joseph and Thomä, Helmut (eds) 2009. *From Psychoanalytic Narrative to Empirical Single Case Research*. New York, Routledge.
- Kagan, Jerome 1994. *Galen's Prophecy. Temperament in Human Nature*. London, Basic Books.
- Kahn, Charles H. 1985. 'Democritus and the origins of moral psychology', *AJPh* 106: 1–31.
- Kaimio, Maarit 2002. 'Erotic experience in the conjugal bed: good wives in Greek tragedy', in Nussbaum, Martha and Shivola, Juha (eds), *The Sleep of Reason: Erotic Experience and Sexual Ethics in Ancient Greece and Rome*. University of Chicago Press, pp. 95–119.
- Kalimtzis, Kostas 2012. *Taming Anger. The Hellenic Approach to the Limitations of Reason*. London, Bristol Classical Press.
- Kanthak, Anna-Marie 2014. 'Περὶ τροφῆς oder: Über Form', in Althoff, Jochen, Föllinger, Sabine and Wöhrle, Georg (eds), *AKAN (Arbeitskreis für antike Naturwissenschaft)* 24: 9–45.
- Kappas, Arvid 2009. 'Mysterious tears: the phenomenon of crying from the perspective of social neuroscience', in Fögen (ed.), pp. 419–38.
- Kazantzidis, Georgios 2011. *Melancholy in Hellenistic and Latin Poetry. Medical Readings in Menander, Apollonius Rhodius, Lucretius and Horace*. Diss. Oxford.
2016. 'Empathy and the limits of disgust in the Hippocratic Corpus', in D. Lateiner and D. Spatharas (eds), *The Ancient Emotion of Disgust*. Oxford University Press, pp. 45–68.
- in press a. 'Between insanity and wisdom: perceptions of melancholia in the pseudo-Hippocratic *Letters* 10–17', in Thumiger and Singer (eds).
- in press b. 'Cognition, emotions and the feeling body in the Hippocratic Corpus', in Cairns, Douglas et al. (eds), *A History of Distributed Cognition: From Early Greece to Late Antiquity*.
- Kellenberger, Edgar 2011. *Der Schutz der Einfältigen. Menschen mit einer geistigen Behinderung in der Bibel und in weiteren Quellen*. Zürich, TVZ Theologischer Verlag Zürich.
2013. 'Children and adults with intellectual disability in antiquity and modernity: toward a biblical and sociological model', *CrossCurrents* 63.4: 449–72.
- Kendler, Kenneth S. 2005. 'Toward a philosophical structure for psychiatry', *Am. J. Ps.* 162–3: 33–40.
- Keuls, Eva 1995. 'The Greek medical texts and the sexual ethos of ancient Athens', in van der Eijk, Horstmanshoff and Schrijvers (eds), pp. 261–73.

- Kidd, Stephen E. 2014. *Nonsense and Meaning in Ancient Greek Comedy*. Cambridge University Press.
- King, Daniel 1995. 'Food and blood in Hippocratic gynaecology', in Wilkins, John, Harvey, David and Dobson, Mike (eds), *Food in Antiquity*. Liverpool University Press, pp. 351–8.
2013. 'Galen and grief: the construction of grief in Galen's clinical work', in Chaniotis, Angelos and Ducrey, Pierre (eds), *Unveiling Emotions II. Emotions in Greece and Rome: Texts, Images, Material Culture*. HABES. Heidelberger althistorische Beiträge und epigraphische Studien 55. Stuttgart, Franz Steiner Verlag, pp. 251–72.
- King, Helen 1998. *Hippocrates' Woman*. London, Routledge.
2004. *The Disease of Virgins. Green Sickness, Chlorosis and the Problems of Puberty*. London, Routledge.
2011. 'Sex, medicine, and disease', in Golden, Mark and Toohey, Peter (eds), *A Cultural History of Sexuality*, vol. 1: *A Cultural History of Sexuality in the Classical World*. Oxford, Berg, pp. 107–24.
- 2013a. 'Fear of flute girls, fear of falling', in Harris (ed.), pp. 265–82.
- 2013b. 'Sex and gender: the Hippocratic case of Phaethousa and her beard', *EuGeStA* 3. http://eugesta.recherche.univ-lille3.fr/revue/pdf/2013/King-3_2013.pdf.
- 2013c. *The One-Sex Body on Trial: The Ancient and Early Modern Evidence*. London, Routledge.
2015. 'Between male and female in ancient medicine', in Boschung, Dietrich, Shapiro, Alan and Waschek, Frank (eds), *Bodies in Transition. Dissolving the Boundaries of Embodied Knowledge*. Paderborn, Wilhelm Fink Verlag, pp. 249–64.
- King, Richard A. H. (ed.). 2008. *Common to Body and Soul. Philosophical Approaches to Explaining Living Behaviour in Greco-Roman Antiquity*. Berlin, De Gruyter.
2009. *Aristotle and Plotinus on Memory*. Berlin, De Gruyter.
- Kirk, Geoffrey S. 1985. *The Iliad. A Commentary. Books I–IV*. Cambridge University Press.
- Klein, U. (trans. and comm.) 1972. *Aristoteles De Audibilibus*. Berlin, Akademie Verlag.
- Kleinman, Arthur 1980. *Patients and Healers in the Context of Culture. An Exploration of the Borderland between Anthropology, Medicine and Psychiatry*. Berkeley, University of California Press.
1991. *Rethinking Psychiatry. From Cultural Category to Personal Experience*. New York, Free Press.
- Klibansky, Raymond, Panofsky, Erwin and Saxl, Fritz 1964/1990. *Saturn und Melancholie. Studien zur Geschichte der Naturphilosophie und Medizin, der Religion und der Kunst*. Frankfurt, Suhrkamp (originally published as *Saturn and Melancholy: Studies in the History of Natural Philosophy, Religion, and Art*. London, Nelson).
- Knuuttila, Simo and Sihvola, Juha 2013. *Sourcebook for the History of the Philosophy of Mind*. New York, Springer.

- König, Jacqueline 2005. 'Eunuch', in Leven, Karl-Heinz (ed.), *Antike Medizin. Ein Lexikon*. Munich, Beck, pp. 281–2.
- Konstan, David 2003. 'Aristotle on anger and the emotions: the strategy of status', in Braund and Most (eds), pp. 99–120.
2006. *The Emotions of the Ancient Greeks. Studies in Aristotle and Classical Literature*. Toronto, Buffalo and London, University of Toronto Press.
2016. 'Did Orestes have a conscience? Another look at *sunesis* in Euripides' *Orestes*', in Poulheria Kyriakou and Antonios Rengakos (eds), *Wisdom and Folly in Euripides*. Trends in classics – supplementary volume 31. Berlin and Boston: De Gruyter, pp. 229–41.
- Kosak, Jennifer C. 2000. '*Polis nosousa*: Greek ideas about the city and disease in the fifth century BC', in Hope, Valerie and Marshall, Eireann (eds), *Death and Disease in the Ancient City*. London, Routledge, pp. 35–54.
2004. *Heroic Measures. Hippocratic Medicine in the Making of Euripidean Tragedy*. Leiden, Brill.
2005. 'A crying shame: pitying the sick in the Hippocratic Corpus and Greek tragedy', in Sternberg, Rachel (ed.), *Pity and Power in Ancient Athens*. Cambridge University Press, pp. 253–76.
- Kühn, Karl G. 2011. *Claudii Galeni Opera Omnia*. Cambridge University Press (Leipzig, 1821–33).
- Kuriyama, Shigehisa 1999. *The Expressiveness of the Body and the Divergence of Greek and Chinese Medicine*. New York, Zone Books.
- Kutschenko, Lara K. 2011a. 'How to make sense of broadly applied medical classification systems: introducing epistemic hubs', *Hist. Phil. Life Sci.* 33: 583–602.
- 2011b. 'In quest of "good" medical classification systems', *Medicine Studies* 3.1: 53–70, doi: 10.1007/s12376-011-0065-5.
- Lacan, Jacques 1986/1997. *The Ethics of Psychoanalysis, 1959–1960*. Trans. by D. Porter. New York, W. W. Norton & Company (first published as *L'Éthique de la psychanalyse*. Séminaire VII. Paris, Le Seuil, 1986).
- Laes, Christian 2008. 'Learning from silence: disabled children in Roman antiquity', *Arctos* 42: 85–122.
2013. 'Silent history? Speech impairment in Roman antiquity', in Laes et al. (eds), pp. 145–80.
2014. *Beperkt? Gehandicapt en het Romeinse Rijk*. Leuven, Davidsfonds Uitgeverij.
- (ed.) 2016a. *Disability in Antiquity*. London, Routledge.
- (ed.) 2016b. 'Writing the history of fatness and thinness in Graeco-Roman antiquity', *Medicina nei Secoli Arte e Scienza* 28.2: 583–658.
- Laes, Christian, Goodey, Chris F. and Rose, M. Lynn 2013a. 'Approaching disabilities *a capite ad calcem*: hidden themes in Roman antiquity', in Laes et al. (eds), pp. 1–15.
- (eds) 2013b. *Disabilities in Roman Antiquity. Disparate Bodies a Capite ad Calcem*. Amsterdam, Brill.
- Laing, Ronald D. 1959/1960. *The Divided Self. An Existential Study in Sanity and Madness*. London, Penguin Books.

- Lakoff, George and Johnson, Mark 1980. *Metaphors We Live By*. University of Chicago Press.
1999. *Philosophy in the Flesh. The Embodied Mind and its Challenge to Western Thought*. New York, Basic Books.
- Lanata, Guiliania 1968. 'Linguaggio scientifico e linguaggio poetico: note al lessico del *De Morbo Sacro*', *QUCC* 5: 22–36.
- Lange, Matthias 2013. 'Bruxism in art and literature before the advent of modern science', *Journal of Craniomandibular Function* 5.4: 341–50.
- Langholf, Volker 1977. *Syntaktische Untersuchungen zu Hippokrates-Texten. Brakylogische Syntagmen in den Individuellen Krankheits-Fallbeschreibungen der hippokratischen Schriftensammlung*. Wiesbaden, Steiner.
1990. *Medical Theories in Hippocrates. Early Texts and the Epidemics*. Berlin, De Gruyter.
2004. 'Structure and genesis of some Hippocratic treatises', in Horstmanshoff, Herman and Stol, Marten (eds), *Magic and Rationality in Ancient Eastern and Graeco-Roman Medicine*. Amsterdam, Brill, pp. 219–75.
- Langslow, David R. 1999. 'The language of poetry and the language of science: the Latin poets and 'medical Latin'', *Proceedings of the British Academy* 93: 183–225.
- Lanza, Diego 1968. *Lingua e Discorso nell'Atene delle Professioni*. Naples, Liguori.
- Laqueur, Thomas 1990. *Making Sex. Body and Gender from the Greeks to Freud*. Cambridge University Press.
- Larner, Andrew J. 2010. *A Dictionary of Neurological Signs*. Liverpool, Springer.
- Leibbrand, Werner and Wettley, Annemarie 1961. *Der Wahnsinn. Geschichte der abendländischen Psychopathologie*. Munich, Alber.
- Lesky, Erna 1950. *Die Zeugungs- und Vererbungslehren der Antike und ihr Nachwirken*. Mainz, Verlag der Akademie der Wissenschaften und der Literatur.
- Leven, Karl-Heinz 2004. '“At times these ancient facts seem to lie before me like a patient on a hospital bed”: retrospective diagnosis and ancient medical history', in Horstmanshoff, Stol and Tilburg (eds), pp. 369–86.
2005. *Antike Medizin. Ein Lexikon*. Munich, Beck.
- Lévi-Strauss, Claude 1961. 'Les nombreux visages de l'homme', *World Theatre* 10: 11–20.
1969. *The Raw and the Cooked*. Trans J. and D. Weightman. New York, Harper and Row (originally published as *Le Cru et le Cuit*. Paris, Plön, 1964).
- Levin, Susan B. 2014. *Plato's Rivalry with Medicine: A Struggle and its Dissolution*. Oxford University Press.
- Lewis, Orly, Thumiger, Chiara and van der Eijk, Philip 2016. 'Mind, body and the concept of gradual health in ancient medicine', in Keil, Geert, Kutschenko, Lara and Hauswald, Rico (eds), *Gradualist Approaches to Mental Health and Disease*. Oxford University Press, pp. 27–45.
- Lichtenthaeler, Charles 1994. *Neuer Kommentar zu den ersten zwölf Krankengeschichten im III Epidemienbuch*. Stuttgart, Steiner Verlag.

- Lieber, Elinor 1996. 'The Hippocratic *Airs, Waters, Places* on cross-dressing eunuchs: "natural" yet also "divine"', in Wittern, R. and Pellegrin, P. (eds), *Hippokratische Medizin und antike Philosophie*. Hildesheim, Zurich and New York, Olms, pp. 451–76.
- Lloyd, Geoffrey E. R. 1979. *Reason and Experience. Studies in the Origins and Development of Greek Science*. Cambridge University Press.
1986. 'The mind on sex'. Review article on M. Foucault, *The Use of Pleasure: Volume II of The History of Sexuality*. *The New York Review of Books* 13 March.
1987. *The Revolutions of Wisdom. Studies in the Claims and Practice of Ancient Greek Science*. Berkeley, Los Angeles and Oxford, University of California Press.
2003. *In the Grip of Disease. Studies in the Greek Imagination*. Oxford University Press.
2007. *Cognitive Variations. Reflections on the Unity and Diversity of the Human Mind*. Oxford University Press.
2012. *Being, Humanity, and Understanding. Studies in Ancient and Modern Societies*. Oxford University Press.
- Lo Presti, Roberto 2008. *In Forma di Senso. La Dottrina Encefalocentrica del Trattato Ippocratico sulla Malattia Sacra nel suo Contesto Epistemologico*. Rome, Carocci.
2013. 'Mental disorder and the perils of definition: characterizing epilepsy in Greek scientific discourse (5th–4th centuries B.C.E.)', in Harris (ed.), pp. 195–222.
- 2015a. "For sleep, in some way, is an epileptic seizure" (*Somn. Vig.* 3, 457 a9–10): empirical background, theoretical function, and transformations of the sleep–epilepsy analogy in Aristotle and in medieval Aristotelianism', in Holmes, Brooke and Fischer, Klaus-Dietrich (eds), *The Frontiers of Ancient Science. Essays in Honor of Heinrich von Staden*, Berlin, De Gruyter, pp. 339–96.
- 2015b. 'Le sommeil dans les Épidémies hippocratiques', in Leroux, Virginie, Palmieri, Nicoletta and Pigné, Christine (eds), *Approaches Philosophiques et Médicales de l'Antiquité à la Renaissance*. Paris, Honoré Champion, pp. 209–33.
2016. 'Perceiving the coherence of the perceiving body: is there such a thing as a "Hippocratic" view on sense perception and cognition?', in Dean-Jones, Lesley and Rosen, Ralph M. (eds), pp. 163–94.
- Longrigg, James 2013. *Greek Rational Medicine. Philosophy and Medicine from Alcmaeon to the Alexandrians*. London, Routledge.
- López Férez, Juan A. 1998. 'φωνή y algunos derivados en el Corpus Hippocraticum', in Martínez, M. and Gil, L. (eds), *Corolla Complutensis. In Memoriam Josephi S. Lasso de la Vega Contexta*. Madrid, Editorial Complutense, pp. 423–32.
- Magiorkinis, Emmanouil, Sidiropoulou, Kalliopi and Diamantis, Aristidis 2010. 'Hallmarks in the history of epilepsy: epilepsy in antiquity', *Epilepsy and Behavior* 17.1: 103–8.
2011. 'Hallmarks in the history of epilepsy: from antiquity till the twentieth century', in Foyaca-Sibat, Humberto (ed.), *Novel Aspects on Epilepsy*. Rijeka, InTech, pp. 131–56.

- Maiullari, Franco 1999. *L'interpretazione Anamorfica dell'Edipo Re. Una nuova lettura della tragedia sofoclea*. Milan, Editoriali e Poligrafici.
- Manetti, Daniela 1990. 'Data-recording in *Epidemics* II.2–3: some considerations', in Potter et al. (eds), pp. 143–58.
- Mansfeld, Jaap 1971. *The Pseudo-Hippocratic Tract Peri Hebdomadon, c.1–11, and Greek Philosophy*. Assen, Van Gorcum.
- Manuli, Paola 1977. 'La techne medica nella tradizione encefalocentrica e cardio emocentrica', in Joly, Robert (ed.), *Corpus Hippocraticum*. Mons, Editions universitaires de Mons, pp. 182–95.
1980. 'Fisiologia e patologia del femminile negli scritti ippocratici dell'antica ginecologia greca', in Grmek (ed.), pp. 393–408.
- 1983a. 'Appendice', in Campese, Silvia, Manuli, Paola and Sissa, Giulia (eds), *Madre Materia. Sociologia e Biologia della Donna Antica*. Turin, Bollati Boringhieri, pp. 149–72.
- 1983b. 'Donne mascoline, femmine sterili, vergini perpetue: la ginecologia greca tra Ippocrate e Sorano', in Campese, Manuli and Sissa (eds), pp. 149–72.
- Manuli, Paola and Vegetti, Mario 1977. *Cuore, Sangue e Cervello. Biologia e antropologia nel pensiero antico*. Milan, Episteme.
- Martin, Raymond and Barresi, John 2006. *The Rise and Fall of Soul and Self. An Intellectual History of Personal Identity*. New York, Columbia University Press.
- Martzavou, Paraskevi 2012. 'Dream, narrative, and the construction of hope in the 'healing miracles' of Epidaurós', in Chaniotis (ed.), pp. 177–204.
- Marzari, Francesca 2010. 'Paradigmi di follia e lussuria virginale in Grecia antica: le pretidi fra tradizione mitica e medica', *I Quaderni del Ramo d'Oro on-line* 3: 47–74.
- Marzullo, Benedetto 1993. *I Sofismi di Prometeo*. Florence, La Nuova Italia.
- Matentzoglou, Silvia 2011. *Zur Psychopathologie in den hippokratischen Schriften*. Berlin, Winter Industries.
- Mattern, Susan 2008. *Galen and the Rhetoric of Healing*. Baltimore, Johns Hopkins University Press.
2015. 'Galen's anxious patients: *lype* as anxiety disorder', in Petridou and Thumiger (eds), pp. 203–23.
- Mattes, Josef 1970. *Der Wahnsinn im griechischen Mythos und in der Dichtung bis zum Drama des fünften Jahrhunderts*. Heidelberg, C. Winter.
- Matthews, Eric H. 2004. 'Merleau-Ponty's body-subject and psychiatry', *Int. Rev. Psych.* 16.3: 190–8.
- Mazzini, I. 1990. 'Il folle da amore', in Alfonso, Stefania, Cipriani, Giovanni, Fedeli, Paolo, Mazzini, Innocenzo and Tedeschi, Daniela (eds), *Il Poeta elegiaco e il Viaggio d'Amore. Dall'Innamoramento alla Crisi*. Bari, Edipuglia, pp. 39–84.
2012. 'Malattia melanconica da amore tra poesia e medicina nel tardo antico: *Aegritudo Perdiccae* (Ae.P.)', *Medicina nei Secoli Arte e Scienza* 24.3: 559–84.
- McDonald, Glenda C. 2009. 'Concepts and treatments of phrenitis in ancient medicine'. Diss. Newcastle.

- McGowan Tress, Daryl 1999. 'Aristotle against the Hippocratics on sexual generation: a reply to Coles', *Phronesis* 44: 228–41.
- McHugh, Paul and Slavney, Philipp 1986. *The Perspectives on Psychiatry*. Baltimore, Johns Hopkins University Press.
- McNamara, Leanne 2016. 'Hippocratic and non-Hippocratic approaches to love-sickness', in Dean-Jones and Hankinson (eds), pp. 308–27.
- Meineck, Peter 2011. 'The neuroscience of the tragic mask', *Arion* 19: 113–58.
- Meineck, Peter and Konstan, David (eds) 2014. *Combat Trauma and the Ancient Greeks. The New Antiquity*. New York, Palgrave Macmillan.
- Miller, G. L. 1990 'Literacy and the Hippocratic art: reading, writing, and epistemology in ancient Greek medicine'. *Journal of the History of Medicine and Allied Sciences* 45.1: 11–40.
- Mitchell-Boyask, Robin 2008. *Plague and the Athenian Imagination. Drama, History, and the Cult of Asclepias*. Cambridge University Press.
- Montiglio, Silvia 2000. *Silence in the Land of Logos*. Princeton University Press.
2005. *Wandering in Ancient Greek Culture*. Chicago University Press.
- Montserrat, Dominic (ed.) 1998. *Changing Bodies, Changing Meanings. Studies on the Human Body in Antiquity*. London, Routledge.
- Mosby's *Medical, Nursing and Allied Health Dictionary* 2015. St. Louis, Mosby.
- Moss, G. E. 1967. 'Mental disorder in antiquity', in Brothwell, Don and Sandison, A. T. (eds), *Diseases in Antiquity*. Springfield, Charles C. Thomas, pp. 709–22.
- Müri, Walter 1971. 'Melancholie und schwarze Galle', in Flashar, Hellmut (ed.), *Antike Medizin*. Darmstadt, Wissenschaftliche Buchgesellschaft.
- Nasse, Hermann 1829. *De Insania Commentatio Secundum Libros Hippocraticos*. Leipzig, Teubner.
- Neu, Jerome 2000. *A Tear Is an Intellectual Thing. The Meanings of Emotion*. Oxford University Press.
- Noë, Alva 2004. *Action in Perception*. Cambridge, MA, The MIT Press.
- (ed.) 2009. *Out of Our Heads. Why You Are Not Your Brain, and Other Lessons from the Biology of Consciousness*. New York, Hill and Wang.
- Notter, Burkhard 1992. *Erkrankungen der Atmungsorgane im Corpus Hippocraticum*. Diss. Frankfurt.
- Nussbaum, Martha C. 1985. 'Affections of the Greeks'. Review of Michel Foucault, *The Use of Pleasure. The History of Sexuality*, vol. 2. *New York Times Book Review* (10 November 1985): 13–14.
1990. 'The transfiguration of intoxication: Nietzsche, Schopenhauer and Dionysos', *Arion* 1: 75–111.
- Nutton, Vivian 1983. 'The seeds of disease: an explanation of contagion and infection from the Greeks to the Renaissance', *Medical History* 27: 1–34.
- 2004/2010. *Ancient Medicine*. London, Routledge.
- (ed. and trans., with G. Bos) 2011. *Galen. On Problematic Movements*. Cambridge University Press.
- Oberhelman, Steven M. (ed.) 2013. *Dreams, Healing, and Medicine in Greece*. Farnham, Ashgate Publishing.

- O'Brien Moore, Ainsworth 1924. *Madness in Ancient Literature*. Weimar, R. Wagner.
- Oikonomopoulou, Katerina 2007. *The 'Symposia' in the Greek and Roman World of the High Empire. Literary Forms and Intellectual Realities*. Diss. Oxford.
- Onians, Richard B. 1951. *The Origins of European Thought. About the Body, the Mind, the Soul, the World, Time and Fate*. Cambridge University Press.
- O'Regan, Kevin and Noë, Alva 2001. 'A sensorimotor account of vision and visual consciousness', *Behavioral and Brain Sciences* 24.5: 883–917.
- Osborne, Robin 2011. *The History Written on the Classical Body*. Cambridge University Press.
- Padel, Ruth 1981. 'Madness in fifth-century Athenian tragedy', in Heelas, Paul and Lock, Andrew (eds), *Indigenous Psychologies. The Anthropology of the Self*. London, Academic Press, pp. 105–31.
1992. *In and Out of the Mind. Greek Images of the Tragic Self*. Princeton University Press.
1995. *Whom Gods Destroy. Elements of Greek and Tragic Madness*. Princeton University Press.
- Page, Denys L. 1938. *Euripides. Medea*. Oxford University Press.
- Parker, Robert 1983. *Miasma. Pollution and Purification in Early Greek Religion*. Oxford University Press.
- Pearcy, Lee T. 2013. 'Writing the medical dream in the Hippocratic Corpus and at Epidaurus', in Oberhelman (ed.), pp. 93–108.
- Pelliccia, Hayden 1995. *Mind, Body and Speech in Homer and Pindar*. Göttingen, Vandenhoeck & Rupprecht.
- Perilli, Lorenzo 1994. 'Il lessico intellettuale di Ippocrate: l'estrapolazione logica', *Aevum Antiquum* (Milan) 7: 59–99.
- Perilli, Lorenzo, Brockmann, Christian, Fischer, Karl-Dietrich and Roselli, Amneris (eds) 2011. *Officina Hippocratica. Studies in Honour of Anargyros Anastassiou and Dieter Irmer*. Berlin and New York, De Gruyter.
- Petridou, Georgia and Thumiger, Chiara (eds) 2015. *Homo Patiens. Approaches to the Patient in the Ancient World*. Leiden, Brill.
- Pigeaud, Jackie 1976. 'Euripide et la connaissance de soi', *Les Études Classiques* 54: 3–24.
1980. 'Quelques aspects du rapport de l'âme et du corps dans le Corpus hippocratique', in Grmek (ed.), pp. 417–33.
1981. 'La Rêve érotique dans l'antiquité gréco-romaine: l'*oneirogmos*', in *Rêve, sommeil et insomnie*. In *Litterature, Médecine, Société* 3, Université de Nantes: 10–23.
- 1981/2006. *La Maladie de l'âme. Étude sur la Relation de l'Âme et du Corps dans la Tradition Medico-Philosophique Antique*. Paris, Les Belles Lettres (first edition 1981).
1983. 'Voir, imaginer, rêver, être fou: quelques remarques sur l'hallucination et l'illusion dans la philosophie stoïcienne, Épicurienne, sceptique, et la médecine antique', *Littérature, Médecine et Société* 5: 23–53.
1995. *La Follia nell'Antichità Classica*. Trans. A. D'Alessandro. Bologna, Marsilio (originally published as *Folie et Cures de la Folie chez les Médecins de l'Antiquité gréco-romaine. La Manie*. Paris, 1987).

2008. *Melancholia. Le Malaise de l'Individu*. Paris, Payot.
- Pinker, Steven 2002. *The Blank Slate. The Modern Denial of Human Nature*. London, Penguin Books.
- Poivre, Amandine 2009. *La Faim dans la Littérature grecque jusqu'à Aristophane*. Diss. Paris.
- Polito, Roberto 2016. 'Competence conflicts between philosophy and medicine: Caelius Aurelianus and the Stoics on mental diseases', *Classical Quarterly* 66: 358–69.
- Porter, Amber 2015. 'Compassion in Soranus' *Gynecology* and Caelius Aurelianus', in Petridou and Thumiger (eds), pp. 265–84.
- Porter, James 1999. *Constructions of the Classical Body*. Ann Arbor, University of Michigan Press.
- Porter, Roy 1987. *A Social History of Madness. Stories of the Insane*. London, Weidenfeld & Nicolson.
1991. *Faber Book of Madness*. London, Weidenfeld.
2002. *Madness. A Brief History*. Oxford University Press.
- Potter, Paul, Maloney, Gilles and Desautels, Jacques (eds) 1990. *La Maladie et les maladies dans la Collection Hippocratique. Actes du VI^e Colloque International Hippocratique. Québec, 28 Sept.–3 Oct. 1987*. Québec.
- Prauscello, Lucia 2015. *Performing Citizenship in Plato's Laws*. Cambridge University Press.
- Raaflaub, Kurt A. 2002. 'Philosophy, science, politics: Herodotus and the intellectual trends of his time', in Bakker, de Jong and van Wees (eds), pp. 149–86.
- Rademacher, Ludwig 1938. *Mythos und Sage bei dem Griechen*. Baden bei Wien, Rohrer.
- Rakoczy, Thomas 1996. *Böser Blick, Macht des Auges und Neid der Götter. Eine Untersuchung zur Kraft des Blickes in der griechischen Literatur*. Tübingen, Narr.
- Rehm, Rush 1994. *Marriage to Death. The Conflation of Wedding and Funeral Rituals in Greek Tragedy*. Princeton University Press.
- Remes, Pauliina and Sihvola, Juva (eds) 2008. *Ancient Philosophy of the Self*. Amsterdam, Springer.
- Renberg, Gil 2003. *Commanded by the Gods. An Epigraphical Study of Dreams and Visions in Greek and Roman Religious Life*. Diss. Duke.
2010. 'Dream narratives and unnarrated dreams', in Scioli and Walde (eds), pp. 33–62.
- Renihan, Robert 1981. 'The meaning of ΣΩΜΑ in Homer: a study in methodology', *CSCA* 12: 269–81.
- Richert, Lucas 2014. '"Therapy means political change, not peanut butter": American Radical Psychiatry, 1968–1975', *Soc. Hist. Med.* 27.1: 104–21.
- Robinson, Thomas M. 2000. 'The defining features of mind–body dualism in the writings of Plato', in Wright and Potter (eds), pp. 37–55.
- Robson, Mark and Stockwell, Peter (eds) 2005. *Language in Theory. A Resource Book for Students*. Oxford, Routledge.
- Rodríguez Alfageme, Ignacio 2000. 'Patología de la voz en el Corpus Hippocraticum', *CFG* 10: 121–53.

2001. 'El campo semántico de los nombres del habla en Galeno', *CFG* 11: 139–78.
- Rohde, Erwin 1890–94. *Psyche. Seelencult und Unsterblichkeitsglaube der Griechen*. Tübingen, Mohr.
- Rosario, Vernon A. 2011. 'Gender variance: an ongoing challenge to medico-psychiatric nosology', *Journal of Gay & Lesbian Mental Health* 15: 1–7.
- Rose, Martha L. 2003. *The Staff of Oedipus. Transforming Disability in Ancient Greece*. Ann Arbor, University of Michigan Press.
- Roselli, Amneris 1998. *Lettere sulla Follia di Democrito*. Naples, Editore Liguori.
2012. 'Vino profumato e pane appena sfornato ovvero nutrire e guarire con gli odori: Ippocrate *Epidemie* VI 8.7 letto da Areteo, Galeno e Giovanni Alessandrino', in Carannante, Alfredo and D'Acunto, Matteo (eds), *I profumi nelle Società Antiche. Produzione Commercio Usi Valori Simbolici*. Naples, Pandemos, pp. 265–75.
- Rosen, George 1968. 'Some notes on Greek and Roman attitudes to the mentally ill', in Stevenson, Lloyd and Multhau, Robert (eds), *Medicine, Science and Culture. Historical Essays in Honor of Owsei Temkin*. Baltimore, Johns Hopkins University Press, pp. 17–23.
1969. *Madness in Society. Chapters in the Historical Sociology of Mental Illness*. New York, Routledge.
1970. 'Mental disorder, social deviance, and culture pattern: some methodological issues in the historical study of mental illness', in Mora, George and Brand, Jeanne (eds), *Psychiatry and its History: Methodological Problems in Research*. Springfield, Charles C. Thomas, pp. 172–94.
- Rosen, Ralph M. 2010. 'Galen, Plato, and the physiology of eros', in Sanders, Ed, Thumiger, Chiara, Carey, Christopher and Lowe, Nick (eds), *Eros in Ancient Greece*. Oxford University Press, pp. 111–27.
- Rosen, Ralph M. and Horstmanshoff, Manfred 2003. 'The *andreia* of the Hippocratic physician and the problem of incurables', in Rosen, Ralph and Sluiter, Inoke (eds), *Andreia. Studies in Manliness and Courage in Classical Antiquity*. Leiden, Brill, pp. 95–114.
- Rouselle, Aline 1980. 'Images médicales du corps en Grèce: observation féminine et idéologie masculine', *Annales ESC* 35: 1089–115.
- Rowlands, Mark 2010. *The New Science of the Mind. From Extended Mind to Embodied Phenomenology*. Cambridge, MA, The MIT Press.
- Ruffell, Ian 2011. *Aeschylus. Prometheus Bound*. Companions to Greek and Roman Tragedy. London, Bristol Classical Press.
- Rutherford, Richard 1992. *Homer. Odyssey. Books XIX and XX*. Cambridge University Press.
- Rütten, Thomas 1992. *Demokrit, Lachender Philosoph und Sanguinischer Melancholiker*. Leiden, Brill.
- Rutter, Keith and Sparkes, Brian 2000. *Word and Image in Ancient Greece*. Edinburgh University Press.
- Sacks, Oliver 2012. *Hallucinations*. Toronto, Vintage.
- Sahlas, Demetrios J. 2001. 'Functional neuroanatomy in the pre-Hippocratic era: observations from the *Iliad* of Homer', *Neurosurgery* 48.6: 1352–7.

- Salazar, Christine 2000. *The Treatment of War Wounds in Graeco-Roman Antiquity*. Leiden, Brill.
- Sale, William 1972. 'The psychoanalysis of Pentheus in the *Bacchae* of Euripides', *YCS* 22: 63–82.
- (ed.) 1977. *Existentialism in Euripides. Sickness, Tragedy and Divinity in the Medea, the Hippolytus and the Bacchae*. Victoria, Aural Publications.
- Sanders, Ed 2014. *Envy and Jealousy in Classical Athens. A Socio-Psychological Approach*. Oxford University Press.
- Sanders, Ed, Thumiger, Chiara, Carey, Christopher and Lowe, Nick (eds) 2013. *Eros in Ancient Greece*. Oxford University Press.
- Sansone, David 1975. *Aeschylean Metaphors for Intellectual Activity*. Stuttgart, Steiner.
- Sassi, Maria M. 1978. *Le Teorie della Percezione in Democrito*. Florence, La Nuova Italia.
2001. *The Science of Man in Ancient Greece*. University of Chicago Press.
2007. *Tracce nella Mente. Teorie della Memoria da Platone ai Moderni*. Pisa, Edizioni della Normale.
2013. 'Mental illness, moral error, and responsibility in late Plato', in Harris (ed.), pp. 413–26.
- Schironi, Francesca 2010. 'Technical languages: science and medicine', in Bakker (ed.), pp. 338–54.
- Schrijvers Peter H. 1985. *Eine medizinische Erklärung der männlichen Homosexualität aus der Antike (Caelius Aurelianus De morbis chronicis vi 9)*. Amsterdam, B. R. Grüner Publishing.
- Scioli, Emma and Walde, Christine (eds) 2010. *Sub Imagine Somni. Nighttime Phenomena in Greco-Roman Culture*. Testi e studi di cultura classica 46. Pisa, Edizioni ETS.
- Scott, Lionel 2005. *Historical Commentary on Herodotus Book 6*. Leiden, Brill.
- Scull, Andrew 2011. *Madness. A Very Short Introduction*. Oxford University Press.
- Seaford, Richard 1986. 'Wedding ritual and textual criticism in Sophocles "Women of Trachis"', *Hermes* 114: 56–9.
1987. 'The tragic wedding', *JHS* 107: 106–30.
- Sedley, David 1992. 'Empedocles' theory of vision in Theophrastus *De sensibus*', in Fortenbaugh, William and Gutas, Dimitri (eds), *Theophrastus. His Psychological, Doxographical and Scientific Writings*. New Brunswick, Transaction Publishing, pp. 20–31.
- Semelaigne, Rene 1869. *Études historique sur l'aliénation mentale dans l'antiquité*. Paris, P. Asselin.
- Sewell-Rutter, Neil J. 2007. *Guilt by Descent. Moral Inheritance and Decision Making in Greek Tragedy*. Oxford University Press.
- Shapiro, Lawrence 2011. *Embodied Cognition*. Oxford, Taylor & Francis.
- Shay, Jonathan 1994. *Achilles in Vietnam. Combat Trauma and the Undoing of Character*. New York, Atheneum.

- Shelton, Matthew J. 2012. *Madness in Lucretius' De Rerum Natura*. Diss. Cape Town.
- Short, William M. 2014. 'Metafora', in Bettini, Maurizio and Short, William (eds), *Con i Romani. Un'Antropologia della Cultura Antica*. Bologna, Il Mulino, pp. 330–52.
- Simon, Bennett 1978. *Mind and Madness in Ancient Greece. The Classical Roots of Modern Psychiatry*. Ithaca and London, Cornell University Press.
2013. "'Carving nature at the joints": the dream of a perfect classification of mental illness', in Harris (ed.), pp. 27–40.
- Singer, Peter N. 1992. 'Some Hippocratic mind–body problems', in Lopez Ferez, Juan (ed.), *Tratados Hipocraticos*, Madrid, pp. 131–43.
- (ed.) 2014a. *Galen. Psychological Writings. Avoiding Distress, Character Traits, The Diagnosis and Treatment of the Affections and Errors Peculiar to Each Person's Soul, The Capacities of the Soul Depend on the Mixtures of the Body*. Translated with introduction and notes by V. Nutton, D. Davies and P. N. Singer, with the collaboration of P. Tassinari. Cambridge University Press.
- 2014b. 'Introduction', in Singer (ed.), pp. 1–41.
2017. 'The essence of rage: Galen on emotional disturbances and their physical correlates', in Seaford, Richard, Wilkins, John and Wright, Michael (eds), *Selfhood and Soul. Essays on Ancient Thought and Literature in Honour of Christopher Gill*. Oxford University Press, pp. 161–96.
- in press. 'Therapy in context: Galen's different approaches to the treatment of mental disturbance', in Thumiger and Singer (eds).
- Sissa, Giulia 1990. 'Maidenhood without maidenhead: the female body in ancient Greece', in Halperin, Winkler, and Zeitlin (eds), pp. 339–64.
- Slings, Siem R. 1992. 'Written and spoken language: an exercise in the pragmatics of the Greek sentence', *CPh* 87: 95–105.
1997. 'Figures of speech and their lookalikes: two further exercises in the pragmatics of the Greek sentence', in Bakker (ed.), pp. 169–214.
- Small, Jocelyn P. 1997. *Wax Tablets of the Mind. Cognitive Studies of Memory and Literacy in Classical Antiquity*. London, Routledge.
- Smith, Linda and Thelen, Esther 2003. 'Development as a dynamic system', *Trends in Cognitive Science* 7: 343–48.
- Smith, Wesley D. 1965. 'The so-called *possession* in pre-Christian Greece', *Transactions of the American Philological Association* 96: 403–36.
1990. (ed. and trans.) *Hippocrates, Pseudepigraphic Writings. Letters, Embassy, Speech from the Altar, Decree*. Leiden, Brill.
- Snell, Bruno 1946/1960. *The Discovery of the Mind. The Greek Origins of European Thought*. Trans. T. G. Rosenmeyer. New York, Torchbooks (originally published as *Die Entdeckung des Geistes*. Hamburg, 1946).
- Sommerstein, Alan 2009. *Aeschylus Fragments*. Harvard University Press.
- Sorabji, Richard 2006. *Self. Ancient and Modern Insights about Individuality, Life and Death*. Oxford University Press.
2014. *Moral Conscience through the Ages. Fifth Century BCE to the Present*. Oxford University Press.

- Souques, Alexandre 1933. *Étapes de la Neurologie dans l'Antiquité Grecque*. Paris, Masson.
- Squillace, Giuseppe 2010. *Il Profumo nel Mondo antico. Con la Prima Traduzione italiana del 'Sugli odori' di Teofrasto*. Biblioteca dell' 'Archivum romanicum'. Serie 1: Storia, letteratura, paleografia 372. Florence, Olschki.
2012. *Menecrates di Syracusa*. Hildesheim, Olms.
- Stefanelli, Rossana 2010. *La Temperatura dell' Anima. Parole Omeriche per l'Interiorità*. Padova, Unipress.
- Stok, Fabio 1996. 'Follia e malattie mentali nella medicina dell'età romana', *Aufstieg und Niedergang der römischen Welt* 2.37.3: 2282–410.
- Stoller, Paul 1997. *Sensuous Scholarship*. Philadelphia, University of Pennsylvania Press.
- Stratton, George M. 1917. *Theophrastus and the Greek Physiological Psychology before Aristotle*. New York, Macmillan.
- Strobl, Petra 2002. *Die Macht des Schlafes in der Griechisch-Römischen Welt. Eine Untersuchung der Mythologischen und Physiologischen Aspekte der Antiken Standpunkte*. Hamburg, Verlag Dr. Kovac.
- Strohmaier, Gotthard (ed. and trans.) in press. *Galen in Hippocratis de Aere Aquis Locis Commentariorum Versionem Arabicam*. CMG V. Berlin.
- Sullivan, Shirley D. 1995. *Psychological and Ethical Ideas. What Early Greeks Say*. Leiden, Brill.
1997. *Aeschylus' Use of Psychological Terminology. Traditional and New*. Montreal, McGill-Queen's University Press.
1999. *Sophocles' Use of Psychological Terminology. Old and New*. Montreal, McGill-Queen's University Press.
2000. *Euripides' Use of Psychological Terminology*. Montreal, McGill-Queen's University Press.
- Swain, Simon (ed.) 2007. *Seeing the Face, Seeing the Soul. Polemon's Physiognomy from Classical Antiquity to Medieval Islam*. Oxford University Press.
- Szasz, Thomas 1961. *The Myth of Mental Illness*. New York, Harper & Row.
1970. *The Manufacture of Madness*. New York, Harper & Row.
- Szasz, Thomas and Rosenhan, David 1973. 'On being sane in an insane place', *Science* 179: 250–8.
- Tacchini, Isabella 2002. 'Physiologie et pathologie de la nutrition dans la Collection hippocratique', in Thivel, Antoine and Zucker, Arnaud (eds.), *Le normal et le Pathologique dans la Collection Hippocratique*. Actes du Xème colloque international hippocratique, Nice, Presses Universitaires de Nice, pp. 483–98.
- Tamburnino, Julius 1909. *De Antiquorum Daemonismo*. Giessen, Töpelmann.
- Telò, Mario 2013. 'Aristophanes, Cratinus and the smell of comedy', in Butler, Shane and Purves, Alex (eds.), *Synaesthesia and the Ancient Senses*. London, Routledge, pp. 53–70.
- Temkin, Owsei 1933. 'The doctrine of epilepsy in the Hippocratic writings', *Bulletin of the Institute of the History of Medicine* 1.8: 277–322.
1945. *The Falling Sickness*. Baltimore, Johns Hopkins University Press.
- Thalmann, William 1986. 'Aeschylus's physiology of the emotions', *The American Journal of Philology* 107.4: 489–511.

- Thelen, Esther, Schöner, Gregor, Scheier, Christian and Smith, Linda 2001. 'The dynamics of embodiment: a field theory of infant perseverative reaching', *Behavioral and Brain Sciences* 24: 1–86.
- Thiher, Allen 2004. *Revels in Madness. Insanity in Medicine and Literature*. Ann Arbor, University of Michigan Press.
- Thomas, Rosalind 2000. *Herodotus in Context. Ethnography, Science and the Art of Persuasion*. Cambridge University Press.
- Thomeé, Johann Heinrich 1830. *Historia Insanorum apud Graecos*. Diss Bonn.
- Thumiger, Chiara 2007. *Hidden Paths. Notions of Self, Tragic Characterization and Euripides' Bacchae*. BICS Suppl. 99. London, University of London Institute of Classical Studies.
2009. 'Epidemia tra le Baccanti di Euripide, Tucidide e il *Corpus Hippocraticum*', *Studi Italiani di Filologia Classica* 7.2: 176–200.
- 2013a. 'The early Greek medical vocabulary of insanity', in Harris (ed.), pp. 61–95.
- 2013b. 'Mad eros and eroticized madness in tragedy', in Sanders, Ed, Thumiger, Chiara, Carey, Christopher and Lowe, Nick (eds), pp. 27–40.
- 2013c. 'Vision and knowledge in Greek drama', in Cairns, Douglas, Rabinowitz, Nancy and Blundell, Sue (eds), pp. 223–46.
- 2015a. 'Mental insanity in the Hippocratic texts: a pragmatic perspective', *Mnemosyne* 68: 1–24.
- 2015b. 'Patient function and physician function in the *Epidemics* cases', in Petridou and Thumiger (eds), pp. 107–37.
- 2016a (with van der Eijk, Philip and Lewis, Orly). 'Mind, body and the concept of gradual health in ancient medicine', in Hauswald, Rico, Keil, Geert and Keuck, Lara (eds), *Vagueness in Psychiatry*. Oxford University Press, pp. 27–45.
- 2016b. 'Fear, hope and the definition of Hippocratic medicine', in Harris (ed.), pp. 198–214.
- 2016c. 'Grief and cheerfulness in early Greek medical writings', in Bosman, Philip R. (ed.), *Ancient Routes to Happiness. Acta Classica Supplement* 7. Pretoria, Classical Association of South Africa, pp. 95–116.
- 2016d. 'Mental disability? Galen on mental health', in Laes, C. (ed.), pp. 267–82.
- 2016e. 'The tragic *prosopon* and the Hippocratic *facies*: face and individuality in Classical Greece', *Maia. Rivista di Letterature Classiche* 3: 636–64.
- in press a. '“A most acute, disgusting and indecent disease”: *satyriasis* in ancient medicine', in Thumiger and Singer (eds).
- in press b. 'Stomachikon, hydrophobia and eating disorders: volition and taste in late-antique medical discussions', in Thumiger and Singer (eds).
- Thumiger, Chiara and Singer, Peter N. (eds) in press. *Mental Illness in Ancient Medicine. From Celsus to Caelius Aurelianus*. Leiden, Brill.
- Tietz, Werner 2013. 'Ernährung und Gesellschaft im Altertum', *H-Soz-u-Kult*, 18 November, <http://hsozkult.geschichte.hu-berlin.de/forum/2013-11-001>.
- Toohey, Peter 1990. 'Some ancient histories of literary melancholia', *ICS* 15: 143–61.
1992. 'Love, lovesickness and melancholia', *ICS* 17: 265–86.

2004. *Melancholy, Love, and Time. Boundaries of the Self in Ancient Literature*. Ann Arbor, University of Michigan Press.
2011. *Boredom. A Lively History*. London and New Haven, Yale University Press.
- Totelin, Laurence 2012. 'And to end on a poetic note: Galen's authorial strategies in the pharmacological books', *Studies in History and Philosophy of Science* 43-222(2): 307-15.
2014. 'Smell and epistemology in ancient medicine', in Bradley (ed.), pp. 17-29.
- Treuil, René 2011. *L'Archéologie Cognitive. Techniques, Modes de Communication, Mentalité*. Paris, Éditions de la Maison des sciences de l'homme.
- Tuominen, Miira 2013. 'Sense perception: ancient theories', in Knuuttila and Sihvola (eds), pp. 39-59.
- Ustinova, Yulia 2009. *Caves and the Ancient Greek Mind. Descending Underground in the Search for Ultimate Truth*. Oxford University Press.
2011. 'Consciousness alteration practices in the West from prehistory to late antiquity', in Cardena, Etzel and Winkelman, Michael (eds), *Altering Consciousness. Multidisciplinary Perspectives*. Santa Barbara, Praeger, pp. 1-45.
- van der Eijk, Philip 1997. 'Towards a rhetoric of ancient scientific discourse: some formal characteristics of Greek medical and philosophical texts', in Bakker (ed.), pp. 77-129.
- (ed.) 2000-1. *Diocles of Carystus. A Collection of the Fragments with Translation and Commentary*, vols 1-2. Leiden, Brill.
2004. 'Divination, prognosis and prophylaxis: the Hippocratic work "On Dreams" (*De Victu* 4) and its near eastern background', in Horstmanshoff, Stol and Tilburg (eds), pp. 187-218.
2005. *Medicine and Philosophy in Classical Antiquity*. Cambridge University Press.
2008. 'Rufus On Melancholy and its philosophical background', in Pormann, Peter (ed.), *Rufus on Melancholy*. Tübingen, Mohr Siebeck, pp. 159-78.
2011. 'Modes and degrees of soul-body relationship in *On Regimen*', in Perilli et al. (eds), pp. 255-70.
- (ed. and trans.) 2012. *Jacques Jouanna. Greek Medicine from Hippocrates to Galen. Selected Papers*. Leiden, Brill.
2013. 'Cure and (in)curability of mental disorders in ancient medical and philosophical thought', in Harris (ed.), pp. 307-38.
2015. 'Melancholia and "hypochondria": steps in the history of a problematic combination', in Cazes, Hélène and Morand, Anne-France (eds), *Miroirs de la mélancolie*. Paris, Hermann, pp. 13-28.
2016. 'On "Hippocratic" and "non-Hippocratic" medical writings', in Dean-Jones, Lesley and Rosen, Ralph M. (eds), pp. 17-47.
- Van Hooff, Anton J. L. 1990/2002. *From Autothanasia to Suicide. Self-Killing in Classical Antiquity*. London, Routledge.
- Varela, Francisco, Thompson, Evan and Rosch, Eleanor 1991. *The Embodied Mind. Cognitive Science and Human Experience*. Cambridge, MA, The MIT Press.
- Vaughan, Agnes C. 1919. *Madness in Greek Thought and Custom*. Baltimore, Kessinger Publishing.

- Veith, Ilza 1957. 'Psychiatric nosology: from Hippocrates to Kraepelin', *Am. J. Psychiatry* 114: 385–439.
1961. 'Galen's psychology', *Perspect. Biol. Med.* 4: 316–23.
- Verghese, Abraham 1985. 'The "typhoid state" revisited', *The American Journal of Medicine* 79: 370–2.
- Vernant, Jean-Pierre 1981. 'Sacrificial and alimentary codes in Hesiod's myth of Prometheus'. Trans. by R. L. Gordon, in Gordon, Richard and Detienne, Marcel (eds), *Myth, Religion, and Society. Structuralist Essays*. Cambridge University Press, pp. 59–79.
1996. *Entre Mythe et Politique*. Paris, Seuil.
- 1965/2006. *Myth and Thought among the Greeks*. Trans. by J. Lloyd. New York, Zone Books (originally published as *Mythe et Pensée chez les Grecs. Études de Psychologie Historique*. Paris, La Découverte, 1965).
- Vernant, Jean-Pierre and Vidal-Naquet, Pierre 1986/1990. *Myth and Tragedy*. Trans. by J. Lloyd. New York, Zone Books (originally published as *Mythe et tragédie en Grèce ancienne*. Paris, La Découverte, 1986).
- Verrall, Arthur (trans.) 1905. *Four Plays of Euripides*. Cambridge University Press.
- Vingerhoets, Ad 2009. 'Crying: a biopsychological phenomenon', in Fögen (ed.), pp. 439–75.
- Vogt, Katja M. 2013. 'Plato on madness and the good life', in Harris (ed.), pp. 177–92.
- Vogt, Sabine 2002. 'Theophrast, *de Vertigine*', in Fortenbaugh, William and Woehrlé, Georg (eds), *On the Opuscula of Theophrastus*. Philosophie der Antike, Band 14. Stuttgart, Franz-Steiner Verlag, pp. 9–37.
- von Staden, Heinrich 1990. 'Incurability and hopelessness: the Hippocratic Corpus', in Potter, Maloney and Desautels (eds), pp. 75–112.
1994. 'Author and authority: Celsus on the construction of a scientific self', in Vázquez Buján, Manuel (ed.), *Tradición e Innovación de la Medicina Latina de la Antigüedad y de la alta Edad Media*. Santiago de Compostela, Universidad de Santiago de Compostela, pp. 103–17.
2007. 'The oath, the oaths, and the Hippocratic Corpus', in Boudon-Millot, Veronique, Guardasole, Alessia and Magdelaine, Caroline (eds), *La Science médicale antique. Nouveaux Regards. Études Réunies en l'honneur de Jacques Jouanna*. Paris, Beauchesne, pp. 425–66.
2011. 'The physiology and therapy of anger: Galen on medicine, the soul, and nature', in Opwis, Felicitas and Reisman, David (eds), *Islamic Philosophy, Science, Culture, and Religion. Studies in Honor of Dimitri Gutas*. Leiden, Brill, pp. 63–87.
- Wakefield, Jerome C. 1992a. 'Disorder as harmful dysfunction: a conceptual critique of DSM-III-R's definition of mental disorder', *Psych. Rev.* 99.2: 232–47.
- 1992b. 'The concept of mental disorder: on the boundary between biological facts and social value', *American Psychologist* 47.3: 373–88.
- Walker, Henry K., Hall, Wilbur and Hurst, John W. (eds) 1990. *Clinical Methods. The History, Physical, and Laboratory Examinations*. Boston, Butterworth-Heinemann.

- Walshe, Thomas M. 2016. *Neurological Concepts in Ancient Greek Medicine*. Oxford University Press.
- Ward, Dave 2012. 'Enjoying the spread: conscious externalism reconsidered', *Mind* 121.483: 731–51.
- Ward, Dave and Stapleton, Mog 2012. 'Es are good: cognition as enacted, embodied, embedded, affective and extended', in Paglieri, Fabio (eds), *Consciousness in Interaction. The Role of the Natural and Social Context in Shaping Consciousness*. Advances in Consciousness Research 86. Amsterdam, John Benjamin Publishing Company, pp. 89–104.
- Warren, James 2006. 'Democritus on social and psychological harm', in Brancacci, Aldo and Morel, Pierre-Marie (eds), *Democritus. Science, the Arts, and the Care of the Soul*. Leiden, Brill, pp. 87–104.
- Webster, Colin 2015. 'Voice pathologies and the 'Hippocratic Triangle'', in Petridou and Thumiger (eds), pp. 166–99.
- West, Martin L. (ed.) 1987. *Euripides. Orestes*. Warminster, Aris & Phillips.
2000. 'Music therapy in antiquity', in Horden (ed.), pp. 51–68.
2013. *The Epic Cycle*. Oxford University Press.
- West, Stephanie (2002). 'Scythians', in Bakker, de Jong and van Wees (eds), pp. 437–56.
- Wilamowitz-Moellendorff, Ulrich (ed.) 1895. *Euripides. Herakles*. Berlin, Weidmann.
1913. *Sappho und Simonides. Untersuchungen über griechische Lyriker*. Berlin, Weidmann.
- Wiles, David 2007. *Mask and Performance in Greek Tragedy*. Cambridge University Press.
2008. 'The poetics of the mask in Old Comedy', in Revermann, M. and Wilson, P. (eds), *Performance, Iconography, Reception. Studies in Honour of Oliver Taplin*. Oxford University Press, pp. 374–92.
- Wiles, David and Vervain, Chris 2001. 'The masks of Greek tragedy as point of departure for modern performance', *New Theatre Quarterly* 17: 254–72.
- Wilkins, John and Hill, Shaun (eds) 2006. *Food in the Ancient World*. Oxford, Wiley-Blackwell.
- Wilkins, John M., and Hill, Shaun 2006a. 'Medical approaches to food', in Wilkins and Hill (eds), pp. 213–44.
- Williams, Bernard 1993. *Shame and Necessity*. Berkeley, University of California Press.
- Willink, Charles W. (ed.) 1986. *Euripides. Orestes*. Oxford University Press.
1988. 'Sleep after labour in Euripides' *Heracles*', *CQ NS* 38: 86–97.
- Wittern, Renate 1979. 'Die Unterlassung ärztlicher Hilfeleistung in der griechischen Medizin der klassischen Zeit', *Münchener medizinische Wochenschrift* 121.21: 731–4.
1991. *Die psychische Erkrankung in der klassischen Antike. Sitzungsberichte der Physikalisch-Medizinischen Sozietät zu Erlangen N.F.* 3.1. Erlangen, Palm & Enke.
- Wohlers, Michael 1999. *Heilige Krankheit. Epilepsie in antiker Medizin, Astrologie und Religion*. Marburger Theologische Studien 57. Marburg, N. G. Elwert.

- Wöhrle, Georg 1995. *Hypnos der Allbezwinger. Eine Studie zum literarischen Bild des Schlafes in der griechischen Antike*. Stuttgart, David Brown Book Company.
- Wolfsdorf, David 2013. *Pleasure in Ancient Greek Philosophy*. Cambridge University Press.
- Wollock, Jeffrey 1997. *The Noblest Animate Motion. Speech, Physiology and Medicine in Pre-Cartesian Linguistic Thought*. Amsterdam, John Benjamins Publishing Company.
- Wright, John and Potter, Paul (eds) 2000. *Psyche and Soma. Physicians and Metaphysicians on the Mind–Body Problem from Antiquity to Enlightenment*. Oxford University Press.
- Young, Antonia 1998. ‘“Sworn virgins”: the case of socially accepted gender change’, *Anthropology of East Europe Review* 16.1: 59–75.
2000. *Women who become Men: Albanian Sworn Virgins*. Oxford and New York, Berg Publishers.
- Zajko, Vanda and O’Gorman, Ellen (eds) 2013. *Classical Myth and Psychoanalysis. Ancient and Modern Stories of the Self*. Oxford University Press.

Contemporary Medical Classifications

- DSM-I. APA (American Psychiatric Association) 1954. *Diagnostic and Statistical Manual. Mental Disorders (DSM-I)*. Washington, The American Psychiatric Association.
- DSM-IV-TR. APA (American Psychiatric Association) 2000. *Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR)*. Fourth edition, text revision. Washington, The American Psychiatric Association.
- DSM-V. APA (American Psychiatric Association) 2013. *Diagnostic and Statistical Manual of Mental Disorders (DSM-V)*. Fifth edition. Washington, The American Psychiatric Association.
- ICD-10. WHO (World Health Organization). *International Statistical Classification of Diseases and Related Health Problems 10th Revision (ICD-10)*. Mental and Behavioural Disorders (F00-F99). Revised 2016.

Index Rerum

- Acedia, 333 n.131
 Acquired impairment, 61, 278, *See* Disability
 Aeschylus
 [Aesch.] *PV*, 150 n.155, 160–2, 161 n.178,
 348 n.34, 372–3
 Agamemnon, 253 n.183
 Choephoroi, 307 n.77
 Supplices, 150 n.155, 160, 251 n.176
 Aetiology, 2, 42, 47, 52 n.132, 63–4, 64 n.166, 98,
 101, 108, 126, 133 n.120, 134 n.120,
 222 n.109, 223, 250, 263, 339,
 353 n.47, 360, 375, 380, 407
 Affective cognition, 421
 Agave, in Euripides' *Bacchae*, 86, 266, 411
 Agony, 134 n.120, 165, 286, 327
 of Glauke, in Euripides' *Medea*, 114
 of Heracles in Sophocles' *Trachiniae*, 107
 n.71, 171, 268
 Air, 33, 35 n.61, 48 n.114, 102, 107, 107 n.72, 109,
 117, 120, 121, 146, 147, 200 n.63,
 207, 279, 283, 311 n.86, 357, 413, *See*
 Pneuma
 Ajax, 71, 160, 189, 272
 in *Aethiopsis*, 86 n.26
 in *Sophocles' Ajax*, 19, 85–6, 266, 296, 367
 Alcmaeon, 33 n.58
Anaireis=Royal Scythians, 257–61
 Andreas (*Epid.* 7.43), 211 n.89
 Androthales (*Epid.* 7.85), 124, 155
 Anechetus' son (*Epid.* 7.46), 138, 324, 417
 Angina, 104, 107, 111, 118, 120–1, 142, 218,
 218 n.98, 290
 Animals, 132, 148, 200 n.63, 201 n.65, 202,
 323 n.114, 405
 Anonymus Parisinus, 47, 49, 59, 384
 Anorexia, 24 n.22, 191 n.46, 208–9, 209 n.82, *See*
 Eating disturbances
 Antigone, 10, 381 n.119
 in Sophocles' *Antigone*, 251–4, 272
 Anti-psychiatry movement, 7
 Archilochus, 374 n.97
 Cologne epode, 234 n.136
 Aretaeus, 59, 240
 on *mania*, 49, 61 n.156
 Aristophanes, 19, 19 n.10, 49 n.122, 149 n.150,
 221 n.106, 241, 389 n.138, 397 n.156
 Frogs, 397 n.156
 Lysistrata, 114
 Wasps, 19, 65 n.170, 302 n.61
 Aristotelian, 36
 Aristotle, 21, 29 n.45, 35 n.63, 79 n.16, 116, 139
 n.134, 175, 176 n.7, 220, 232 n.130,
 275, 298, 300, 310, 316, 329, 344, 345,
 346 n.29, 352, 368, 382, 383,
 399 n.162, 406, 407
Asthma, 102 n.60, 135 n.124, 146
Atrophia, 192 n.47
 Aural disturbance, 308
 Authorial posture, 238 n.146
 first person plural, 236–8
 Babylonian medicine, 26 n.31
 Bacchic
 derangement, 269
 models, 158 n.170
 rites, 260
 Behaviour, 383–4
 Bellerophon, 159–60, 160 n.175
 Bile, 48 n.113, 49 n.125, 197, 227 n.122, 229, 392
 affecting blood, 400
 black, 198 n.60, 226, 295, 347 n.33, 362 n.66,
 374 n.94
 black, and melancholy, 196 n.57
 and the brain, 383, 391
 and *phrenitis*, 36, 46
 collecting in the liver, 305
 congestion in the head, 289–90
 and hemorrhoids, 105 n.67
 and insanity, 57, 379
 in the *kardiē*, 36
 in the *phrenes*, 46
 and rage, 83 n.21

- 'Bipolarism' and mental health, 57–8, 57 n.142, 225, 368
- Bitter, taste, 198, 248, 320–1, 322, *See* Taste
- Black disease*, 195, 197, 210, 214, 287 n.22, 321
- Black, 32, 250, 392
- accumulation of, 104 n.67
- and air, 121
- and anger, 345
- bad, 383
- and conception, 256
- congestion of, 37, 46, 64, 104, 251
- and death, 82
- and drunkenness, 224
- and female health, 207, 213
- and mental functions, 35–6, 35 n.63, 109, 281, 301, 411
- and *phrenitis*, 46
- and *pica*, 220
- and the suitors in *Od.* 20, 78
- throbbing, 350
- and tragic imagery, 253, 253 n.183, 266–7, 268
- and violence, 270
- and vitality, 402
- watery and cowardice, 357
- Blood vessel, throbbing, 151
- Blood-letting, 198 n.60
- Bloodshot, 77, 84, 92–3, 93 n.34
- Bodily tone, 169
- Body
- 'body' as construct, 70
- body as a whole, 68, 106, 112 n.83, 123–5, 131, 143–4, 163, 166, 168, 174, 175, 195
- body–soul continuum, 199, 304
- perceived by the observer, 68–9
- Boredom, 333 n.131
- Boulimos*, 192 n.47
- Brain, 12, 27, 32, 33, 33 n.58, 34, 34 n.59, 35 n.60, 48 n.111, 63 n.165, 133 n.120, 175 n.3, 198 n.60, 226 n.118, 280 n.12, 292 n.37, 310 n.85, 319 n.107, *See* Encephalocentrism
- Breathing, *See also* Suffocation
- rapid, 55, 111 n.80, 123, 157, 165, 219
- Burning, sensation, 155, 197 n.60, 198
- Burnshesha*, 263 n.204
- Cadmus, 155
- Caelius Aurelianus, 47, 59, 240, 243, 256, 257, 263–5, 375, 385 n.128
- on *mania*, 49
- Cambyzes, 18, 61–2, 62 n.159, 224 n.113, 270 n.217
- Cardiocentrism
- haemo-cardiocentrism, 32, 32 n.56, 35 n.63
- Cartesianism, 26, 29 n.44, 389, 389 n.137
- Castaneda, C., 6
- Castration, 258, 258 n.193, 258 n.195
- Causation of disease
- psychological, 339, 363, 364, 365, 371, 375, 402
- temporary vs. lasting, 223, 240
- Celsus, Gaius Cornelius 59
- on *mania*, 49
- De Medicina*, 27
- Chaerephon (Athenian character), 241, 241 n.157
- Change from habit, 386–7
- Chartades (*Epid.* 7.10), 157, 163, 218, 386
- Child patient, 135 n.122, 151 n.158
- Child patient (*Epid.* 7.52), 151
- Children
- and concussion, 141
- and convulsions, 146–7
- diseases of, 239
- and epilepsy, 95, 138, 225 n.115, 356
- and hair growth, 258 n.195
- and night-blindness, 285 n.19
- and *pica*, 219
- voice of, 140 n.138
- Choking, 101, 104, 111, 145, 227, 300
- Chronic vs. acute diseases, 45, 59
- Chronicity, *See also* Duration
- of cognitive impairment, 63 n.163
- of hearing disturbance, 310
- of illness, 197
- of mental disturbance, 59, 97, 124, 364
- of sensorial disturbance, 278
- of sleep disturbance, 183
- of visual disturbance, 285
- Cleomenes, 18 n.7, 270, 271
- Clytemnestra
- in Aeschylus' *Agamemnon*, 253 n.183, 262
- in Aeschylus' *Choephoroi*, 266
- Cognitive embodiment, 16, 173, 175 n.6, 176 n.7, 278, 324, 334, 335–6, 389, 398, 419, 421, *See* Cognitive science, Cognitive studies
- Cognitive science, 15 n.21, 27 n.37
- Cognitive studies, 15, 16
- Comedy, 19, 247
- Conscience, 307 n.77
- Consciousness, 36, 102, 109, 134, 169, 173, 175, 184, 214, 280, 299, 307, 331 n.124, 342 n.17, 347 n.29, 406 n.177
- alteration of, 6
- and self-awareness, 405–6
- self-consciousness, 331, 331 n.124, 333 n.131, 397, 397 n.156
- Curability of mental disorder, 12, 53, 53 n.134, 63, 64–5, 64 n.167, 370 n.83

- Cydis' son (*Epid.* 7.5), 76, 78, 90, 93 n.34, 218, 325, 410
- Dancing, 149, 149 n.150, 150 n.155, 155, 156, 158, 170, 384, 385 n.128, *See* Music
- Daughter of Euryanax (*Epid.* 3.1), 214
- Death, 388, *See* Suicide
- apparent, 328
- iatrogenic, 371
- by *inedia*, 189 n.38
- and loss of speech, 116 n.92
- and madness, 159 n.173
- prognosis of, 371
- and silence, 115 n.89
- and sleep, 171 n.201
- verge of, 285–6
- violent, and madness, 265–72
- of young virgins, 251 n.177, 253 n.183, *See* [Hippocrates]: *Girls*
- and the ψυχή, 402
- Deafness, *See* Hearing
- Degrees, 411, 412, 418, *See* Gradualism
- of ability, 277
- of cognitive abilities, 337, 411
- of crying, 100
- of functionality, 277
- and health, 275, 334
- of hearing alteration, 308–9, 311, 312–16
- in Hippocratic terminology, 51, 311 n.88
- of lack of sensation, 327, 328
- of mental health, 18 n.3, 23, 58–9, 58 n.146, 58 n.150
- of sensory alteration, 282
- of spasms, 145
- of visual alteration, 284, 285–8, 308
- of voluntariness, 134
- Deianeira, 272
- Democritus, 44 n.90, 79 n.16, 298 n.56, 342 n.17, 361, 361 n.62, 382, 413, 415, 415 n.195
- Deontological treatises, 371
- Desire, 322, 343, 344
- and drink, 217
- female sexual, 247, 247 n.170, 249 n.173, 349
- and food, 199, 206, 214, 233 n.132
- homosexual, 264 n.210
- (homo- and etero)sexual, 264 n.209
- lack of restraint in, 264
- and melancholy, 374 n.94
- not to talk, 134
- pathological, 382, 387
- pica*, 219
- in *satyriasis*, 243
- sexual, 228–39, 245, 245 n.167, 258 n.194
- and the soul, 402
- of the soul, 202
- suicidal, 106, 157, 248, 250, 250 n.175, 251 n.176, 272, 364, 368
- Diaphragm, 33, 37, 37 n.65, 38, 46, 47, 105, 198 n.60, 207, 207 n.75, 265 n.211, 280, 380 n.114, 399 n.162, 401
- Diet, 74, 126, 190, 199–200, 202
- Dietetics, 65, 175, 191 n.44, 204, 213, 342 n.18, 362, 392, 402, 404, 406 n.176
- Diocles, 39 n.69, 197 n.60, 218, 239 n.148
- dietetics, 191 n.44, 378 n.107
- on *mania*, 49
- Diogenes of Apollonia, 33 n.58, 35 n.61, 106 n.68, 232 n.130
- Dionysiac, 86, 155
- behaviour, 95 n.40, 385, 385 n.128
- Dionysus, 107, 158, 170, 195, 225 n.117
- in Euripides' *Bacchae*, 260
- Disability
- ancient, 13, 275–6, 309–10
- approaches to, 278
- Disability studies, 52
- Disease of Ares, 147
- Disease classification, 5, 28, 44, 45, 63, 208, 219, 284, 374, 420
- Distributed cognition, 16, 421
- Dizziness, 96, 180 n.28, 214, 279, 291, 292, 327, 377
- Dodds, E.R., *The Greeks and the Irrational*, 6
- Dreaming, 10, 12, 40, 55, 106, 148, 177, 198, 199–200, 205, 275, 281, 284, 295–308, 327, 353, 357, 358, 402, 404
- incubation, 228
- and movements in sleep, 305
- nightmares, 46, 182, 300, 301, 302 n.61, 305
- residual theory of, 302, 303
- and somnambulism, 182
- wet dreams, 216, 232, 233, 235, 240, 241–2, 243, 245–6
- Drunkenness, 40, 63, 76, 89, 123, 124 n.102, 139 n.133, 140 n.138, 190 n.43, 220–8, 239, 293, 322
- hangover, 206, 222
- terminology of, 222
- DSM, 3 n.2, 25 n.26, 31, 31 n.51, 43, 43 n.86, 44, 52 n.131, 53, 53 n.134, 53 n.136, 54, 57 n.143, 175 n.3, 191 n.46, 374 n.96
- Dualism, 27, 29, 29 n.45, 388 n.136, 389 n.137
- Duration, *See* Chronicity
- of hearing impairment, 312
- of mental pathology, 30, 59
- of sexual pleasure, 235
- of sleep, 177
- of speech loss, 146 n.147

- Eating
 and anthropology, 190–1
 aversion against, 243
 disturbances, 208–9
 disturbances in women, 206–13
 disturbances, vocabulary of, 204–5
 and dreams in *Regimen*, 199–202
 and the *psyche* in *On Humours*, 202–3
 and suffering in poetic texts, 188–90
 and the symposium, 190 n.43
- Eliot, T. S., 25
- Embodied cognition, 26, 28, 70, 175 n.3, *See*
 Cognitive science, Cognitive studies,
 Cognitive embodiment
- Emotions, ancient, 8, 337–8
 anger, 340–5
 depressed mood, 364–5
 eros, 374–6
 euphoria, 367
 fear, 352–9
 hope/desperation, 370–3
 in medicine, 338–45
 powerlessness/helplessness, 369
 sadness and joy, 361–70
 shame, 359–61
 tranquillity/unrest, 370
- Enactivism, 175 n.6, 278 n.9, 334, 421
- Encephalocentrism, 32, 32 n.56, 33, 33 n.58, 35,
 37, 48, 123, 136, 280 n.12, 392 n.144,
 409, *See* Brain
- Enterocentrism, 36–9
- Enteroreception, 324, 330, 331
- Entheastikos*, 156
- Enthousiasmos*, 156, 156 n.167, *See* Religion
- Epilepsis*, 45
- Epilepsy, 12, 18, 45, 62 n.161, 63 n.162, 73, 95, 97,
 97 n.47, 103 n.64, 111, 138, 142, 144,
 144 n.146, 147, 158, 174 n.2,
 175 n.4, 243, 271, 282, 287, 291, 318
 n.101, 327, 376, 386 n.130, 400
 ‘the disease’, 102
 Heracles’ disease, 110, 210 n.87
- Erasistratus, 46, 47, 375
- Eryximachus (in Plato’s *Symposium*), 376
- Ethical approach to mental health, 21, 23, 32, 42,
 44, 64, 87, 230–1, 263, 335, 336, 344,
 345, 361, 382, 383, 401, 415, 420
- Ethical flaw/‘badness’, 383–4
- Eudaimonistic approach, 31, 43, 44, 335, 361 n.62
- Eunuchs, 256, 258 n.192, 258 n.193, 258 n.194,
 258 n.195
 resembling, 257–8
 and voice, 140 n.138
- Euripides*
Bacchae, 60 n.154, 109, 112, 149, 155, 158, 170,
 195, 221 n.106, 269, 307, 381 n.119
HF, 149 n.150, 269
Hippolytus, 148–9, 189
Medea, 114–15, 188–9, 269, 347 n.33
Orestes, 84, 171, 188, 381 n.119
- Expectoration, 101, 105
- Eyes
 and emotional intensity, 87 n.27
 external appearance of, 92–4
 eye behaviour, 95
 eye movement, 89–90
 opaque, 78, 95, 142, 142 n.141
 as prognostic sign, 87–9
 protruding, 87, 92–3, 93 n.36, 295, 352
 quality of the gaze, 90–2
 as sign in Greek literature, 79–86
 squint, 92 n.33, 93, 96–7, 140 n.137, 294, 295
- Face
 vs. body, 144
facies Hippocratica, 76, 87, 92, 99, 143, 199
 flushing, 93 n.34, 108, 121, 146, 183, 192, 211,
 301, 324, 346, 383, 385, 413
- Fainting/faintness, 166, 169, 183, 210, 299, 319,
 324, 326, 327, 328–9, 372
- Familial patterns of mental pathology, 380–2
- Family and health, 381–2
- Fanaticism, 156, 384, *See* Religion, *Enthousiasmos*
- Felt sense, 323, 324, 330, 331
- Female patients, 135 n.122
- Female slave of Conon (*Epid.* 5.85), 370
- Female slave of Conon (*Epid.* 7.90), 146 n.147
- Fever, 154, 162, 180, 301–2, 324
- Flesh
 cold, in combination with anger, 350 n.39
 texture in men and women, 262 n.202
- Forehead, 48 n.111, 77, 77 n.11, 91, 96 n.46, 98,
 100 n.53, 123, 151, 169 n.198, 179 n.17,
 194 n.50, 212
- Foucault, Michel, 6, 7 n.8, 23 n.18, 43 n.83,
 69 n.8, 244–5, 245 n.167, 389
- Foucaultian approaches, 6–7, 10, 43, 68 n.2,
 236 n.142
- Freud, Sigmund, 2, 247, 298 n.53, *See*
 Psychoanalytical approaches
- Galen, 334, 420
 commentator of Hippocrates, 421
 on the epileptic ‘aura’, 308
 on the faculties of the soul, 27
 on health, 58
 on love sickness, 375
 on medicine and philosophy, 43
 on *melancholia*, 218
 on mental health, 336, 345
 on mental life, 38
 on the voice, 116, 132–3

- Gangrene, 110, 112 n.83, 122 n.101
 in Sophocles' *Philoctetes*, 184
- Gaze
 of the doctor, 74
- Gonorrhea*, 242 n.160, 242 n.161, 243
- Gradualism, 370 n.83, *See* Degree
 of mental health, 58–9, 403 n.172
 of sensorial disruption, 287, 288
 of voice alteration, 142
- Gurgling (in the stomach or nose), 197 n.60, 218
- Gynaecological health, 102–3, 111, 158, 183–4,
 204, 206–13, 235–6, 248–54
 amenorrhoea, 111, 124, 139, 150, 152, 158 n.171,
 184 n.34, 219, 263
 miscarriage, 207, 214, 354
- Gynaecology, ancient, 244, 247
- Haematocentrism, 32, 36
- Haemochromatosis, 259 n.196
- Haemorrhoids, 104 n.67, 220
- Hallucinations, 34, 153, 266, 300, 304, 305,
 306, 308
 auditory, 314
- Hand behaviour, 150–1
 crocodysm, 51, 96, 105, 150 n.156, 151, 152, 216,
 244, 293, 306, 353, 364
 gesturing, 151
 groping, 151, 164 n.187
- Head, 20, 320, *See* Encephalocentrism, Brain
 affections of, 48 n.111, 118, 286
 agitation of, 315
 and *aura*, 308
 bile settling in, 105
 and breathing, 265 n.211
 and sensorial disturbance, 105
 and suffocation, 120
 and voice emission, 122–3
 channels leading into, 108
 cleanliness of, 98
 congestion of, 92, 289, 291, 295, 305
 covering of, 151, 360
 damage to, 34
 disease coming from, 288
 diseases of, 48, 288, 291, 294, 296
 dreams lingering over, 299 n.59
 and flatulent *pneuma*, 319 n.107
 fluxes from, 282 n.13
 headache, 35 n.60, 36, 90, 101, 108, 112 n.83,
 123, 135, 137 n.127, 146 n.147, 151, 152,
 155, 179 n.24, 183, 183 n.32, 192, 193
 n.50, 196, 206, 212, 216, 218 n.99,
 220, 222, 223, 227 n.122, 248, 278
 n.10, 286, 287, 291, 294, 311, 312, 313,
 320, 321, 325, 327, 379, 409
 head shaking, 155–6, 385, 385 n.127
 heating of, 361
 heaviness of, 38, 121, 146, 154, 176, 176 n.9,
 181, 231, 291 n.34, 294, 314, 327
locus affectus, 168 n.194, 400 n.165
 and phonation, 117, 118
 in physiognomics, 350
 purging of, 131, 320
 skin of, 325
 of the suitors in *Od.* 20, 78, 307
 symptoms of, 231
 trauma to, 42, 77 n.12, 129 n.110, 141, 143,
 157, 159, 159 n.173, 163, 193, 291, 292,
 292 n.38
 vein into, 258 n.195
 oppression of, 366
 paralytic signs, 35 n.60
 physiognomics, 100 n.53
 womb movements towards, 110
- Health, mental vs. disorder, 17–18, 23, 30,
 58, 277
- Hearing, 316
 and communication, 309
 deafness, 310–11
 and cognitive impairment, 309
 degrees of, 309, 312–16
 terminology, 312
 tinnitus, 315
- Heart, 33, 37, 37 n.65, 41, 46, 47, 64, 80, 110,
 130, 156, 216, 250, 262, 280, 331, 345,
 346, 348 n.34, 349, 366, 384, 399
 n.162, 400, *See* Cardiocentrism
 heartache, 183, 209
 heart-beat, 41, 357
 heartburn, 320, 413
 palpitations of, 343
- Heaviness, 324, 326, 330
- Heidegger, Martin, 15, 15 n.20, 330 n.118
- Hellebore, 19, 65 n.170, 154, 221 n.106,
 363
- Heracles, 110, 184
 in Euripides' *Alceste*, 190 n.43
 in Euripides' *HF*, 62, 62 n.160, 84, 84 n.24,
 107, 109, 113, 149, 155 n.165, 185–6,
 195, 266, 378 n.110, 410
 in Sophocles' *Trachiniae*, 107 n.71, 171,
 266, 269
- Hereditariness, 62–3, 380–2, *See* Innateness
- Hermaphroditism, 257
- Herodotus, 265, 419
 and insanity, 270–1
- Hidden insanity, 61, 61 n.158, 73 n.3
- Hidden state (in human health or condition),
 60 n.154, 61 n.158, 69 n.7, 76, 326,
See Latency
- Hiding/exposure, 153, 260, 359–60, 361
- [Hippocrates]
Girls, 106, 251, 254 n.184, 271 n.220, 308

- Homer, 160
 [Homer]
Hymn to Demeter, 252 n.179
Iliad, 80–1, 82, 139 n.135, 413
Odyssey, 81–2, 188, 206 n.72, 221 n.106, 307
 n.76, 367, 367 n.77
 suitors' laugh, 79, 307
 Homeric poetry, 3 n.2, 14 n.16, 14 n.18, 35 n.60,
 78 n.14, 170, 191, 212, 283 n.16, 297,
 299 n.59, 347, 347 n.29, 347 n.32,
 390 n.140, 400, 419
 Humour/humoural alterations, 55 n.139, 100,
 142, 176, 229, 232, 234, 286, 350, 386,
 386 n.130, 410 n.185
 Hunger, 131, 175 n.3, 190 n.39, 190 n.43, 193,
 203, 206, 206 n.71, 244, 323, 331,
 406 n.177
 Hurling oneself, 148
Hydrophobia, 45, 46, 192 n.47
Hypochondria, 45, 152, 166, 248, 292, 365
 Hypochondriac pathology, 39 n.69, 289 n.26
Hysteria, 45
 Hysterical suffering, 46, 95
 Hysterical suffocation, 12, 103 n.63, 142, 158
 n.171, 207, 210

 ICD, 175 n.3
 Idée fixe, 45
 Impotence, male sexual, 257, 258, 258 n.193,
 262, 264
 Incubation, 65 n.170, 228
 Injury, 163, 291. *See* Trauma, physical
 Innateness, 50, 61–3, 62 n.161, 63 n.162, 271, 278,
 331 n.121
 Insanity and subjectivity, 73
 Intoxication, 64, 114, 221 n.106, 223, 225 n.117,
 226, 228, 266, 321 n.112
 Invisible vs. visible, 29, 67, 68, 115, 273, 330 n.119,
 341, 342, 388. *See* Hidden state (in
 human health or condition), Latency
 Io, 195
 in [Aesch.] *PV*, 162
 Isolation, 377–9

 Jumping, 147–8
 Jung, Carl G., 10

Kardiê, 36–8, 46, 47, 103 n.62, 121, 158 n.171, 192,
 207 n.75, 211 n.90, 265 n.211, 328, 331
 n.123, 400
 Kicking, 145, 146, 147, 148
 Kleinman, Arthur, 24, 25, 26, 28, 52, 53, 54, 316
 n.94
Kradia, 161, 162

 Lacan, Jacques, 10
 Lack of sensation, 326, 327, 333

 Latency, 63
 and mental disease, 60–1
 Laughing, pathological, 368
 Legal aspects, 4, 5, 43 n.83, 378 n.109
Lethargy, 45, 46, 133 n.118, 178, 178 n.14,
 180 n.28, 387 n.133
 Lévi-Strauss, Claude, 144
 Limb movements, 148–50
 Lispering, 119, 120, 137–8, 140 n.138, 141 n.139, 417
 Liver, 36 n.64, 38, 38 n.66, 83 n.21, 92, 103,
 103 n.64, 104, 105–6, 111, 111 n.80,
 125, 135 n.124, 148 n.148, 159, 198
 n.60, 305
 [Longinus] *On the Sublime*, 130 n.112
 Lucretius, 73 n.4
 Lyric poetry, 387, 419

 Madness, causation of, 20, 21, 30, 31, 34, 53, 64,
 109, 156, 161, 177, 195, 223, 224, 228,
 240, 248, 287, 289, 335, 355, 369, 377,
 400, 409, 420. *See* Aetiology
 Maenadism, 95 n.40, 149, 155, 159, 170, 260,
 269, 385 n.128
Malthacoe/Pathics, 263
 Man in the garden of Delearches (*Epid.* 1.1), 181
 The man from Lower Mosades (*Epid.* 4.45),
 166, 182
 Mandrake, 222 n.106
Mania, 12, 18 n.7, 21, 45, 46 n.104, 49, 49 n.122,
 60 n.156, 62 n.160, 71–2, 72 n.1,
 112 n.82, 113, 120, 142 n.141, 143, 146,
 156 n.166, 166, 171, 183, 222 n.106, 223,
 243, 264 n.208, 275, 276, 286, 291,
 303, 311, 350, 368, 378 n.110, 386, 403
 another kind of, 386 n.130
 Marriage, 249 n.173
 and death motif, 251–4
 as resolution for female health, 238
 Masking, 76 n.10
 Medea, 84, 189, 266, 347 n.33
Melancholia, 39 n.69, 45, 48 n.114, 49, 53, 54,
 57–8, 59, 60 n.154, 116 n.93, 133
 n.118, 138 n.130, 159 n.172, 195–6, 196
 n.57, 197, 197 n.60, 218, 224, 319, 319
 n.106, 339 n.12, 374 n.94, 375, 384
Melancholic, 49 n.123, 63 n.164, 72, 93,
 105 n.67, 110 n.76, 137–8, 141, 143, 147,
 154 n.163, 164 n.187, 183, 219 n.99,
 225 n.115, 239 n.148, 286, 289, 327, 333
 n.131, 348, 351, 362–3, 365 n.72, 375
 n.99, 385 n.128, 392, 398, 407, 417
 Melancholy, 45, 46
 Menander, *Aspis*, 19, 364 n.70
 Meninx, 47
 Mental disease, concept of, 19 n.10, 49, 53, 56,
 64, 420
 Mental diseases, Hippocratic, 45–50

- Merleau-Ponty, Maurice, 15, 15 n.20, 330 n.118
- Metaphor, 19 n.10, 39 n.71, 67, 73 n.4, 86, 90 n.30, 94, 164 n.185, 195, 285, 293, 326, 381 n.118, 420
- Metaphorical use of mental terms, 19, 29, 47, 80, 112 n.83, 163, 234, 387, 397
- Metaphysics, 14, 32, 39, 53, 72, 84 n.24, 125, 202, 381, 420, 421
- Mind
locus affectus, 398–405
 mind/body relation, 69
- Mirror neurons, 322
- Mnesianax (*Epid.* 7.45), 215, 353–4, 355
- Mouth, 100–15
 bruxism, 110–12
 foaming, 109–10
- Music
 and mental pathology, 314, 385 n.127, 386 n.130
 as mental therapy, 385
- Nausea, 95, 158, 176, 176 n.9, 210, 211, 211 n.90, 218, 239, 293, 295, 325, 353, 362 n.66, 364
- Neurological approaches, 12, 16, 27, 35 n.60, 67, 72, 103 n.62, 129 n.110, 184, 226 n.118, 306 n.72, 390
- Neurological symptoms, 231, 282, 284, 285, 295
- Neurology, 28, 31, 63, 115 n.87, 152 n.159, 176, 277, 300, 330, 332, 338 n.6
- Nicippus and Critias (*Epid.* 4.57), 245, 246 n.168
- Nicolaus' son (*Epid.* 7.92), 226 n.120
- Nicoxenus (*Epid.* 7.80), 165, 169
- Nietzsche, Friedrich, 5
- Nietzschean influence, 27 n.35
- Normality (in psychiatry), 45, 173, 383
- Numbness, 37, 48 n.111, 104, 164 n.186, 178 n.17, 207 n.75, 288, 291, 311, 314, 315, 326, 327, 329, 398, 399, 409
- Nyctalopes*, 285 n.19
- Odysseus
 in the *Iliad*, 168 n.196
 in the *Odyssey*, 81, 206 n.72, 307 n.76
 in Sophocles' *Ajax*, 85, 267
- One-sex body (Thomas Laqueur), 236 n.142
- Orestes, 71, 84, 184, 266
 in Aeschylus' *Oresteia*, 266, 267, 307
 in Euripides' *IT*, 113
 in Euripides' *Orestes*, 73, 80 n.17, 83, 114, 189 n.38, 307
 hallucinations of, 307 n.77
synesis in Euripides' *Orestes*, 307 n.77
- Organism
 idea of, 175
- Pain, 76, 110, 112 n.83, 114, 125, 131, 147, 148 n.148, 150, 158, 185, 203, 228, 268, 278 n.10, 286, 309 n.82, 313, 319, 326, 330, 344, 354, 365, 374
- in the belly, 209, 213
 and brain, 33, 136
 in the breast, 212
 around the cavity, 164 n.187
 in the chest, 165
 and children, 151 n.158
 and derangement, 193 n.49
 in the diaphragm, 325, 400
 in the ear, 289, 325
 in the entire body, 197
 female, 139 n.133, 152, 413
 female during sexual intercourse, 248 n.172, 249, 380
 in the forehead, 48 n.111, 179 n.17
 in the head, 36, 101, 123, 135, 151, 193 n.50, 194 n.50, 218 n.99, 291, 327
- hearing, 314, 322
- in the hips, 287
- in the hypochondriac region, 289 n.26
- insensitivity to, 281
- in the *kardiē*, 192
- labour-like, 230
- non-localised, 329
- on one side of the body, 135 n.124
- in opisthotonus, 158 n.172
- pathogenic, 230
- in the *phrenes*, 46
- psychic, 45, 189, 341, 343, 362, 363, 363 n.67, 364 n.70
- as resolution, 120
- in the right arm, 111
- in the right temple, 181, 294
- and the senses, 323
- in the shoulders, neck or back, 327
- in the side, 196
- in smelling, 317
- in the socket of the eyes, 278
- in the spine, 142 n.140
- in the thighs, 62, 147
- in the throat, 141
- of the wound, 386 n.130
- Panting, 107, 113, 231, 346
- Parmenides, 256
- Parmeniscus (*Epid.* 7.89), 59, 148, 152, 157, 217, 272, 364–5, 366
- Passages/channels in the body
 in men, 258 n.192
poroi, 341–2, 342 n.17
 and the senses, 282, 282 n.13
 in women, 125 n.104, 207, 250
 and the voice, 142
- Pathological behaviour with coverings
 throwing off the cover, 151, 153–5, 324

- wrapping oneself up, 121, 154, 154 n.163, 242,
324, 359, 361, 379
- Patient struck with a stone by the Macedonian
(*Epid.* 5.60), 123, 157, 163
- Penelope, 81, 188, 189
- Pentheus, 62, 62 n.160, 86, 107, 112–13, 260,
266, 269–70, 271, 297 n.51, 307
- Peripleumonia*, 48 n.111, 102, 118, 142, 148, 152,
178, 287 n.23
- Personality, 414–15
definitions, 335–7
- Phaedra, 148, 149 n.149, 189
- Phaetusa and Nanno (*Epid.* 6.8.32), 261–3
- Phagedaena*, 192 n.47
- Phantasia*, 243, 296 n.49
- Pheidippides (the runner), 306 n.72
- Phenomenology, 15, 15 n.20, 278 n.9,
330 n.118
- Philoctetes, 184–5, 227, 338 n.9
- Phlegm, 33, 109, 197, 210, 229, 392
and brain, 64, 357, 409
and haemorrhoids, 105 n.67
in the *kardiè*, 36
and madness, 57, 136, 225, 247
phlegmatic patients, 363, 368
and sacred disease, 147, 357
and vision, 94, 98, 290 n.28
- Phoenix (*Epid.* 5.83), 294
- Phoenix (*Epid.* 7.88), 94
- Phrèn/phrenes*, 37, 38, 46–7, 161, 353, 399–401
- Phrenitic
fever, 119
insanity, 59
patients, 139 n.136, 164 n.187, 219, 327, 362
- Phrenitis*, 12, 36, 45, 46–7, 64, 73, 90, 91, 93,
108 n.73, 119, 141, 142, 152, 153 n.160,
154 n.163, 169, 178 n.14, 182 n.31, 183,
193 n.50, 215, 219, 239, 302, 325, 327,
391–2, 400–1
- Phthisis*, 240 n.153, 241
- Physiognomics, 80 n.18, 89 n.29
- Phython's child (*Epid.* 7.118), 180 n.28
- Pica*, 219–20
in pregnant women, 220 n.102
- Plato, 6, 19 n.11, 21, 29 n.45, 43, 271 n.219, 272
n.222, 275–6, 376, 383, 389 n.138
Charmides, 22
Phaedrus, 19
post-Platonic influence, 10, 26, 27
Republic, 222 n.106
Symposium, 376
Theaetetus, 275
Timaeus, 79 n.16, 230–1
- Pleasure, 35 n.61, 87 n.27, 232 n.131, 278 n.10,
326, 343, 344, 363 n.67, 365
being touched, 325
and brain, 33
and drinking, 138, 211 n.89
and drunkenness, 322
and eating, 191 n.43, 198, 215
female lack of, 368
female sexual, 235 n.139, 249 n.173, 349
and madness, 368
pathogenic, 230
pathological, 21
sexual, 231–8, 245 n.167
and sleeping, 187
and smell, 216, 317, 319
and the soul, 332 n.129
as therapy, 372 n.87
- Pneuma*, 32, 35, *See* Air
- Pollution, 269, 381, 381 n.116, 381 n.118, 381 n.119
- Possession
madness and, 3, 6, 23 n.17, 25, 25 n.29, 58,
85, 107, 144, 144 n.146, 147, 155, 169
n.199, 219 n.99, 266, 269, 297 n.51,
306, 367, 385 n.128
- Posture of patients, 56, 68, 75, 76, 167 n.192,
169 n.199, 171 n.204, 172, 173, 175,
189 n.37, 193, 203, 281
and insanity, 74, 157
pathological, 123, 164–9
prognosis, 157
prone, 164, 165, 193 n.49, 386
supine, 123, 165, 227
- Posture, bodily, 75 n.8
in poetry and tragedy, 172
- Praxagoras, 46, 47, 156, 384
- Priapism*, 242 n.161
- Prognosis, 2, 30, 39 n.75, 42, 63, 75, 76, 83, 157,
378 n.107, 386, 396
through dreams, 302, 304
- Prometheus, 373
- Proprioception, 324
- Proxemics, 75 n.8, 380
- Prudential reflection, 415, 415 n.195
- Psychiatry
ancient, 271
- Psychiatric diagnosis, 25 n.24, 28 n.43, 42, 72
ancient, 19, 75, 270
modern, 7, 7 n.8, 24, 30, 30 n.50, 31, 69,
106, 208
- Psychiatry, 53
ancient, 375
contemporary, 56
history of, 67
psychiatric operators, 54
recognised nosological entities, 53
- Psychoactive substances/intoxicants, 222 n.106,
See Drunkenness
honey, 221 n.106
mandrake, 64, 222 n.106
- Psychoanalytical approaches, 2, 10–11, 208,
247, 249

- Psychology
 ancient, *status quaestionis*, 16
 the category 'psychological', 53
 historical, 1, 4
 history of, 1
 physician's attention to, 371–2
- Rational faculties, 418
 definitions, 391
 intelligence, 411–14
 and internalised mind, 393
 memory, 406–11
 of the professional doctor, 395–7
 and talk, 416–17
- Relationships and mental health,
 377–80
- Religion, 381 n.116, 381 n.118
 and mental health, 2, 3, 4, 6, 28, 43, 144
 n.146, 156, 162 n.181, 172, 270, 308,
 339, 384–5, 386 n.130, 420
- Religious obsession, 384–5
- Restlessness, 110, 114, 147, 149, 156–9, 162, 163,
 167, 167 n.192, 358 n.55
- Retrospective diagnosis, 5, 12, 29, 35 n.60, 46
 n.103, 55, 175 n.3, 211 n.90, 220
 n.102, 239, 240 n.153, 282, 355 n.49,
 374
- Right (side of the body), 77, 91, 92, 93 n.34, 96
 n.44, 140 n.137
- Right/left testicle, 256 n.186
- Sacred disease, 18, 47, 47 n.108, 61, 62 n.161,
 64, 109, 142, 146, 210 n.87, 225, 271,
 304, 318, 355, 384, 386 n.130, 401, *See*
Epilepsis
- Sappho, 10, 73 n.4, 129–31, 129 n.111, 130 n.112,
 170, 211 n.90, 374–5
- Satyriasis*, 46, 240, 242, 242 n.160, 242 n.161,
 243, 264 n.208
- Satyros (*Epid.* 6.8.29), 241
- Self/selfhood, history of, 14
- Senses, 273–334
 of the physician, 69, 69 n.7, 274 n.2
- Senses and sensation, 96 n.44, 128 n.107, 275–6,
 326–7, 396–7
 in the Hippocratic doctrines, 279–81
 and the Hippocratic patients, 282–3
 and the *psyche* in *Regimen*, 304
 range of variations, 278–9
 in *Regimen*, 403
 sensuous scholarship, 276–8
 and sleep, 299
- Seven, number, 127, 128 n.109, 282 n.13
- Sex, 68 n.6, 87 n.27, 228–65
 current mental disorders, 175 n.3
 and drinking, 222 n.109, 226 n.118,
 226 n.119
 and eros in ancient medicine,
 229 n.126
 female ejaculation, 349
 and female health, 59, 125 n.104, 207 n.73,
 220 n.102
 female physiology, 234–5
 female pleasure, 235 n.139, 349
 female sexual activity, 246–51
 girls and death, 251–4
 male physiology, 231–4
 male sexual activity, 239–46
 and mental disorder, 43
 sensitivity of sexual topics, 244, 245, 246
 sexual identity
 cross-dressing, 259–60
 differentiation, 257 n.190
 terminology, 257 n.190
 gender, 254–63
 sexual physiology and health, 229–31
 vocabulary of female sexual activity, 247
- Shouting, 134–6
- Sight, *See* Vision
- Signs of mental disorders, 32, 34, 42, 56,
 70, 419
- Signs to observe in patients, 164, 203, 300,
 317, 416
- Silence, 115 n.89, 116, 133–4, 133 n.118, 134 n.121,
 142, 143, 148, 189 n.37, 223, 311, 327,
 363, 377, *See* Voice
- Sister of Hippias (*Epid.* 7.53), 152, 182 n.31
- Sleep, 176–88
 monitoring, 180
 pathological case, 181
 somnambulism, 182
 talking during sleep, 182
 terminology, 179
 and tragic madmen, 184–8
 and women, 183–4
- Smell, 316–20
 Aristoteles on smell, 317
 and epilepsy, 318
 sensitivity to, 318–20
 as trigger, produced by stones, 318
- Snakes and illness, 41, 227, 227 n.123, 228
- Snell, Bruno, *The Discovery of the Mind*, 14
- Snoring, 101, 102, 108, 111
- Socrates, 26
- Sophocles
Ajax, 189, 268
Antigone, 251–4, 272
OT, 272
Philoctetes, 184–5, 338
Trachiniae, 268, 272
- Soranus, 220 n.102, 256 n.189, 263, 264, 264
 n.208
- Soul, 21, 27, 39–41, 70, 92, 177, 263, 280, 296,
 299, 336

- care for the, 44
 and diet in *Regimen*, 65
 disease of, 20–1, 39, 230
 gradualism in the blending of, 59
 and imagination, 264
 innate blending of, 62
 medicine of, 64
 of the melancholic, 137
 soul in *De Humoribus*, 342–3
 soul and food, 203
 soul in *Regimen*, 41–2, 58, 126, 199, 280–1, 303, 340–2
 blending of, 241–2
 soul and dreams, 300, 302–3
 soul and food, 202, 205
 soul and reproduction, 255
 soul and voice, 127
 soul and wine, 224, 225
 and tremors, 163
Sparagmos, 269, 271, 381
 Spasms, 144–55
 Sperm, 229, 232, 234, 238
 female, 236 n.141
 Stammering, 120, 134 n.120, 137–8, 140, 142–3, 359
 Stesichorus, 296 n.47
 Stigmatising of the mentally ill
 seclusion, 20
 stoning, 378, 378 n.110
 Sting (image for madness), 160, 161, 183, 192, 194–5, 196, 197, 210, 211 n.90
 Stoic doctrines, 79 n.16, 127 n.106, 128 n.109, 415 n.196
 Stomach, 151, 180 n.28, 211, 212, 215, 220 n.102, 350 n.39
 awareness of, 331
 disease, 165, 199, 248, 369
 and melancholy, 197 n.60
 and mental life, 38–9, 95
Stomachikon, 192 n.47
 Stuttering 979. *See* Stammering
 Subjectivity, 14, 26 n.34, 29, 68, 76, 97, 98, 101, 131, 194, 194 n.51, 199, 204, 213, 228, 274, 276, 279, 282, 284, 291, 326, 333, 419
 Suffocation, 102–7. *See* *Hysterical suffocation*
 and face, 108–9
 Suicide, 25, 25 n.27, 252 n.177, 265, 267, 270, 272, 272 n.222, 355, 363, 420,
 See Death
 of virgins, 106, 254
 Superstition, 261
 and mental health, 147, 156, 356, 360, 376, 384–5, 384 n.126
 Sweat/Sweating, 36, 41, 54, 55, 74, 76, 113, 125, 129 n.111, 173, 176, 176 n.9, 185, 195, 212, 213, 324, 343, 359
 Symptom, 54, 69, 282
 Symptoms of mental disorder, 70, 71, 176, 236, 333
 Systemic suffering, 197
 Szasz, Thomas, 7, 7 n.8
 Taste, 320–2
 bleeding gums, 321
 metallic taste, 321, 321 n.112
 Taxonomy and taxonomic issues, 2, 25, 28, 30, 43, 44, 44 n.91, 45, 46, 56, 63, 75, 175 n.3, 422
 Tears/crying, 88, 89, 97–100, 131, 177, 203, 224, 307, 333, 362, 365, 366, 368
 Temporal pace and mental health, 59–60. *See* Duration
 Terminology of madness, 52–3
Tetanus/opisthotonus, 48 n.114, 110, 134 n.120, 135, 144, 150, 158, 159 n.172
 Theoclymenus, 78, 306, 307
 Theophrastus, 35 n.61
 De Odoribus, 316 n.96
 De Sensibus, 275
 on music, 385 n.128
 Περὶ ἰλιγγῶν, 295
 Περὶ ἐνθουσιασμοῦ (-ῶν), 156, 385
 Περὶ παραφροσύνης, 60
 Theory of mind, 31, 33, 39, 70, 172, 280, 404
 Therapeutic powers, 317, 317 n.99, 321, 343
 Therapy, 191, 222
 for mental disorder, 49 n.123, 64 n.167, 65, 128, 229, 294 n.41, 336, 342, 364, 372, 376
 musical, 385 n.128
 pharmacological, 221 n.106, 272, 363
 psychological, 372 n.87
 for sacred disease, 386 n.130
 Thersites, 139 n.135
 Thirst/thirstlessness, 119, 131, 176, 176 n.9, 183, 183 n.32, 192, 203, 206, 210, 211, 212, 213, 214, 215, 216–19, 239, 243, 328, 331, 357, 359, 406 n.177, 412
 Throwing oneself around, 58, 158 n.171, 210, 213, 347, 354
 Thucydides
 and medicine, 381 n.116
 and the plague, 410
 Thynus' son (*Epid.* 7.108), 125
 Tickling, 234, 326, 367, 399 n.162
 Tiresias, 155
 Touch, 322–33

- epidermal/exteroceptions, 324–6
- proprioception/enteroception, 330–3
- vestibular, 326–30
 - vocabulary, 327
- Tragedy, 19 n.10, 62 n.160, 79 n.15, 95, 150 n.155, 162 n.180, 170, 184, 186, 191, 247, 251, 253, 265, 266 n.213, 285 n.18, 304 n.67, 381 n.117, 381 n.118, 381 n.119, 419
 - and insanity, 9 n.11, 270
 - and medicine, 23 n.17, 78 n.13
- Translation, problems of, 29, 38, 50, 51, 348 n.35, 389, 394
- Trauma, physical, 34 n.59, 64, 73, 77 n.12, 91, 92, 122, 122 n.101, 129 n.110, 141, 143, 157, 159 n.173, 165, 193, 194 n.50, IDXL-tgt-02719n288, 292, 292 n.38, 329, *See* Injury
- Travelling and mental health, 105–6, 305, 378, 378 n.107
- Tremors/shivering/shuddering, 41, 54, 144, 145, 162–4, 162 n.181, 210, 324
- Triggering (of mental manifestations), 5, 62, 146, 233, 238, 239, 240, 246 n.168, 264, 299, 305, 315 n.94, 318, 324, 338 n.7, 343, 350, 355, 364 n.70, 365, 399
- Tumours, 211
- Typhus*, 48 n.116, 89, 90 n.30, 95, 151, 153, 215, 215 n.95, 216 n.95, 244, 283 n.15, 286, 309 n.82, 319, 319 n.105
- Value (in discussions of mental health), 23 n.18, 30 n.50, 31, 32, 42–4, 56, 265, 297, 335
- Vasectomy, 258, 259, 261
- Vegetative functions, 54, 68, 68 n.5, 174, 175, 176, 195 n.56, *See* Vital functions
- Violence and madness, 265–72
- Virginity (loss of), 125 n.104
- Virgins
 - death, 253 n.183
 - mental health, 46, 106, 250, 250 n.174, 251–4, 271 n.220, 319 n.104, 400
 - and sex, 264 n.208
 - suicide, 252 n.177
- Visibility of insanity, 71, 73 n.3, 74–5
- Vision, 284–308
 - degrees of, 285–8
 - double vision, 292 n.37, 296, 297 n.51, 314
 - flashing, 294–5
 - hallucination vs. delusion, 296
 - hallucinations and dreams, 295–308
 - unclear, 288–91
 - vertigo, 291–3
- Vital functions, 56, 68, 144, 174–5, 176, 388, 419
- Vocabulary, Hippocratic, 58, 276, 394 n.150, 401
 - precision of, 142, 162, 178, 178 n.15, 394
- Vocabulary of insanity, 55
 - ancient, 49, 50–1, 393 n.148, 421
 - English, 51, 54
 - Hippocratic, 75, 416
- Vocabulary of mental life, 394
 - Greek, 14 n.18, 307 n.77
- Vocabulary (tragic, lyric), 49 n.122
- Voice, 115–43
 - disturbance, 133–43
 - terminology of, 133
 - exercises of, 127, 314
 - and head, 122–3
 - lack of articulation, 134–6
 - lack of clarity, 136–9
 - laryngeal suffocation, 120–2
 - (-lessness) in Greek culture, 115 n.89
 - and metaphysics, 125–31
 - and mouth, 119–20
 - phonation, 115 n.87, 134 n.120, 139 n.136, 141, 142, 173
 - and physiological trauma, 122 n.101
 - physiology of, 117–19
 - quality of, 139–42
 - rapid talk, 137
 - in *Regimen*, 126–8
 - and the senses, 128–31
 - and whole body, 123–5
- Voluntariness, 99, 132–3, 134
 - and breathing, 72 n.1, 101
 - and castration, 258 n.193
 - and crying, 87, 333
 - and eating, 204, 206
 - and ejaculation, 238, 240, 240 n.153, 242 n.160, 246
 - and isolation, 167
 - and movement, 144–5, 146 n.147, 283 n.15
 - and posture, 164
 - and rational faculties, 388
 - and speech, 134 n.121
 - and vision, 291
 - and voice, 132–3, 142
- Vomiting, 169, 176 n.9, 192, 196, 197, 204, 209, 320–1, 321 n.111
 - acidic matter, 248
 - bilious, 90, 110 n.76, 157, 227 n.122
 - blood, 36
 - dark bloody material, 196
 - dark material, 214
 - foamy, 110
 - phlegm, 210

- rust-coloured material, 183, 311
- saliva and scum, 279
- Votives, 300 n.60, 373
- Wakefield, Jerome C., 6, 43, 52 n.131, 53 n.134
- WHO (World Health Organization),
53 n.134
- Wife of Delearces (*Epid.* 3.17), 99, 153,
154, 217
- Wife of Hermoptolemous (*Epid.* 7.11), 91, 93
n.34, 135, 151, 154, 155, 167, 216, 306,
312, 331, 354, 370, 386, 410
- Wife of Prodrumus (*Epid.* 7.22), 138
- Wife of Theodorus (*Epid.* 7.25), 91, 147, 152, 154,
165, 172, 217, 370, 377
- Withering disease, 192
- Yawning, 108–9

Index Locorum

- Aeschylus (Aesch.)
Agamemnon (*Ag.*)
 11 262
 79–82 391 n.143
 1388–92 253 n.183
Choephoroe (*Cho.*)
 626 262 n.203
 1048–64 266
 1058 80 n.18
Eumenides (*Eum.*)
 299–306 267
 388 83 n.23
Persians (*Pers.*)
 750 19
[Aesch.]
Prometheus Bound (*PV*)
 248–51 373
 377–8 348 n.34
 379–80 348 n.34
 562 161
 568 161 n.178
 574–5 19 n.178
 580 161
 632 18
 673 160
 675 150 n.155
 685 19
 877–86 161–162
 978 19
 1069 18
Aethiopis
 fr. 5a West 86 n.26
Aëtius (Aët.)
Placita 4.21.1–4 (SVF 2.836) 127 n.106
Aretaeus (Aret.)
De Causis et Signis Acut. Morb. 2.12 (34.11–13 Hude) 242
De Caus. et Signis. Diut. Morb.
 2.12 (34.11–13 Hude) 242
 3.5 (39.10–16 Hude) 198 n.60
 3.5 (41.6–11 Hude) 47
 3.6 (41.12–13 Hude) 71
 3.6 (41.13–18 Hude) 47
 3.6 (41.27–8 Hude) 3
 3.6 (43.29–44.4 Hude) 46 n.130
 3.6 (42.20–9 Hude) 6061 n.156
 3.6 (41.29–31 Hude) 72
 4.6 (72.6–74.2 Hude) 198 n.60
Curat. Acut.
 6.11 (141.23–4 Hude) 243
Anonymus Parisinus
(An. Par.)
 1.1.4 (3.16–21 Garofalo) 391
 3 (18.8–21.4 Garofalo) 318 n.101
 18.2.1 (114.6–7 Garofalo) 72 n.1
 18.2.2 (114.10–14 Garofalo) 72 n.1
 20.1.1 (120.13–14 Garofalo) 384
 20.1.2 (120.18–20 Garofalo) 384
 20.2.1 (120.22–123.3 Garofalo) 385
Archilochus (Archil.)
 fr. 196.1 West 374 n.97
 fr. 196a.51–2 West 234 n.136
Aristophanes (Aristoph.)
Assembly Women (*Eccl.*)
 251 19 n.178, 49 n.122
Birds (*Av.*)
 14 49 n.122
 1296 241
 1564 241
Clouds (*Nu.*)
 504–5 241 n.156
Frogs (*Ra.*)
 892–4 241 n.156
Lysistrata (*Lys.*)
 342 19
 1256–8 114
Peace (*Pax*)
 54 19
Pluto (*Pl.*)
 12 49 n.123

Aristophanes (Aristoph.) (*cont.*)

366 49 n.122

903 49 n.123

Wasps (*Vesp.*)

109–24 65 n.170

1038–9 302 n.61

1489 221 n.106

fr. 322.8–11 Kassel–Austin 19 n.10

Aristoteles (Aristot.)

De Divinatione per Somnia (*Div.Somn.*)

463a5 299

Ethica Nicomachea (*EN*)

1148a30–40 265 n.212

1148a32–b2 382 n.121

1148b15–1149a20 21

1148b30 382 n.121

1149b 382 n.121

1149b8–13 382

1148b27–8 379 n.112

On Interpretation (*De Int.*)

16a3–9 116

Magna Moralia

1186a12–14 344

1202b18–21 346, 347 n.29

On Memory

449b4–30 407

451a8–12 297 n.52

453a14–15 407

453a19 407

453a31–b1 407

Metaphysics (*Metaph.*)

1009b30–1 413

Politics

8 (1340a11) 385 n.128

Rhetorics (*Rh.*)

2.2 (1378a31–3) 346 n.26

2.1 (1378a20–3) 344

33.1 139 n.134

De Sensu

436b14–15 323 n.167

439a6–440b25 79 n.16

De Somniis (*Somn.*)

454b9–10 299

455a10–11 299

455b4–8 299, 329

457a7–9 299

458b10–459a22 299

460b30–461a8 299

462a29–31 299

On the Soul (*De An.*)

403a16–19 345

403a29–b1 345

404a29–30 413

412b5–6 176 n.7

415a4–7 323 n.114

418a27–419b4 79 n.16

420b6–33 116

432b5–7 346 n.29

[Aristoteles] *Problems* (*Probl.*)

Book I

1.57 (897b23–29) 258 n.195

Book II

2.26 (868b34–5) 359

2.26 (869a3–4) 357

2.31 (869b4–8) 346, 357

Book III

3.9 (872a18–20) 293

3.10 (872b4–5) 293

3.16 (873a23) 216 n.95

3.16 (873a24–37) 162

3.31 (875b29–33) 139 n.133

Book IV

4.2 (876b5–6) 87 n.27

4.11 (877b14–15) 258 n.194

4.26 (879a37–879b2) 264 n.210

4.26 (879b8) 258 n.192

4.26 (879b13–14) 233 n.132

4.27 (880a6–8) 245

Book V

5.15 (882a40) 346

Book VI

6 (885b13) 164 n.186

Book VII

7.5 (886b9–14) 322

Book VIII

8.9 (888a13–5) 357

8.20 (889a10–25) 346 n.27

Book X

10.60 (898a5–6) 33 n.34

Book XI

11.3 (899a9) 140 n.138

11.30 (902b16–29) 137 n.128

11.31 (902b30–1) 359

11.32 (902b36–903a7) 359, 361 n.61

11.36 (903b12–13) 359

11.38 (903b19–26) 137

11.52 (904b34–905a4) 361 n.61

11.53 (905a5) 359

11.54, 55 (905a16–23) 137 n.129

11.60 (905b30–2) 346

11.62b (906a14–5) 359

Book XXI

21.1 (898b28–31) 129

Book XXVII

27 (947b12–949a20) 357

27.3 (948a1–4) 359

27.11 (949a18–20) 359

Book XXX

30.1 (953a21–3) 160

30.1 (953b1–20) 225 n.115

30.1 (953b17–19) 224

30.1 (954a32–4) 374 n.94

Book XXXI

31–5 (957a37–965a39) 284

- 31.3 (957b9–1) 87
 31.3 (957b9–10) 346
 31.7 (958a16–18) 92 n.33
 31.11 (958b11–13) 296
 31.12 (958b17–19) 96 n.44
 31.17a (959a9–12) 296–297
 31.17b (959a12–19) 279
 31.26 (960a9–12) 97 n.47
 31.27 (960a13–21) 97 n.47
 Book XXXII
 32.1 (960a36) 361
 32.8 (961a9) 346
 32.8 (961a10) 361
 Book XXXV
 35.1 (964b22–5) 325
 35.2 (964b30–3) 326
 35.3 (964b33–8) 326
 35.6 (965a14–15) 367
 [Aristoteles]
Mirabilia
 18 (831b24–5) 221 n.106
 31 (832b17–21) 369
 31–2 (832b22–5) 60
 178 (847b7–10) 369
Physiognomics
 808b21–4 21
 814b3–9 100 n.53
On Things Heard
 800a–4b 139 n.134
 Caelius Aurelianus
On Acute Diseases (Acut.Morb.)
 1.4 (24.1–3 Bendz) 47
 3.18.175–6 (394.21–402.5 Bendz) 243
On Chronic Diseases (Diut.Morb.)
 1.5 (518.25–6 Bendz) 72
 1.5 (518.29 Bendz) 72
 1.5 (534.24–6 Bendz) 375
 1.175–6 (534.15–23 Bendz) 385 n.128
 4.9 (848.15–852.25 Bendz) 263
 4.9 (850.15–24 Bendz) 256
 5.7 (902.4–906.19 Bendz) 243
 5.9 (908.10–910.2 Bendz) 242 n.161
 Celsus (Cels.),
De Medicina (Med.) 3.18 (126.12–16 Marx) 46
 3.18 (122.11–127.15 Marx) 22 n.106
 3.18 (123.2–4 Marx) 61 n.156
 3.18 (124.10–28 Marx) 383
 Democritus
 fr. 68 B 228 D.-K. 382 n.121
 fr. 68 B 272–80 D.-K. 382 n.121
 fr. 68 B 275–6 D.-K. 382 n.121
 fr. 68 B 288 D.-K. 382
 Diocles
 fr. 72 van der Eijk 46 n.106, 392 n.144
 fr. 74 van der Eijk 49
 fr. 77 van der Eijk 167 n.192
 fr. 109 van der Eijk 197 n.60, 218
 fr. 182.11 van der Eijk 239 n.148
 fr. 183a van der Eijk 39 n.75
 fr. 184 van der Eijk 367 n.107
 Euripides (Eur.)
Alcestis (Alc.)
 747–815 190 n.43
 831–2 190 n.43
Bacchae (Ba.)
 125–36 270
 126–9 385 n.127
 136–7 149 n.154
 144–5 385 n.127
 150 149 n.152, 385 n.127
 169 149 n.151
 279–83 221 n.106
 600–1 149 n.154
 735–47 269
 822–46 260
 864–5 149 n.152, 385 n.127
 872–3 149 n.153
 948 260
 1122–8 86, 270
 1166 86
Electra (El.)
 1252 85 n.18
Hercules Furens (HF)
 750–60 269
 822–908 269
 835–7 149
 867 155 n.165
 931–4 84–85
 966–7 269
 990 85
 1011–14 185–186
 1042–50 186
 1081–3 186
 1089–93 107 n.134
Hippolytus (Hipp.)
 214 149 n.149
 215–22 148–149
 232 149 n.149
 237–8 149 n.149
 240 149 n.149
 241 149 n.149
 247–8 149 n.149
 274–7 189
 525–7 87 n.27
Medea (Med.)
 24–8 188–189
 92 84
 101–4 84
 109 347 n.33
 233–4 249 n.173
 376–85 269

Euripides (Eur.) (*cont.*)

- 860 84
 1160–1221 269
 1168–75 114–115
 1198–1202 269
Orestes (Or.)
 39–41 80 n.38
 148 186
 156–7 186–187
 166–86 187
 211–17 187–188
 219–20 113–114
 228 171
 253 84
 260–1 80 n.38
 385–9 83
 395–6 307 n.77
 1519 80 n.17

Galen (Gal.)

De animi cuiuslibet peccatorum dignotione et curatione (*Aff. Pecc. Dig.*)

- 4.4 (V.16 K. = 12 De Boer) 110 n.77

De comate secundum Hippocratem (*Comat.*)

- 1 (VII.643–5 K. = 181.1–182.8 Mewaldt) 179 n.17

De dubiis motibus (*Mot. Dub.*)

- 8.16 Nutton 323 n.113
 156.27–8 Nutton 163 n.183
 158.1–6 Nutton 163 n.183

De locis affectis (*Loc. Aff.*)

- 3.7 (8.166–7 Kühn) 47
 5.4 (8.331 Kühn) 47
 3.9–10 (VIII.179.189–90 K.) 198 n.60
 3.10 (VIII.185–9 K.) 197 n.60

De symptomatum causis (*De Sympt. Caus.*)

- 3.4 (VII.60.13–61.5 K.) 386 n.130
 7 (VII.200.15–201.10 K.) 410 n.185

De symptomatum differentiis (*De Sympt. Diff.*)

- 3.11–13 (VII.62.1–6 K. = 226.17–22 Gundert) 410 n.185

Quod animi mores corporis temperamenta sequantur (*Quod Anim. Mor.*)

- 3 (IV.777–9 K. = 40.1–42.2 Müller) 221 n.105
 5 (IV.788.10–12 K. = 49.1–5 Müller) 27 n.36
 5 (IV.788.12–17 K. = 49.3–9 Müller) 410
 8 (IV.803–4 K. = 63.4–8 Müller) 151 n.157
 10 (IV.809–10 K. = 67.24–68.15 Müller) 225 n.117

De Placitis Hippocratis et Platonis (*PHP*)

- 3.4.23–7 (V.283 K. = 196.34–5 De Lacy) 347 n.33

De Sanitate Tuenda (*San. Tu.*)

- 1.8.19–21 (VI.41–2 K. = 20.13–18 Koch) 372 n.87

*De Simplicium Medicamentorum**Temperamentis et Facultatibus libri I–VI* (*Simpl. Med. Temp. Fac.*)

- 11.10 (XII.203.1–6 K.) 318 n.103

Thrasylbulus sive utrum medicinae sit an gymnasticae hygie (*Thras.*)

- 24 (V.846.15–16 K.) 221 n.106

In Hippocratis librum de acutorum victu commentarii IV (*Comm. Hipp. Acut.*)

- 2.44 (XV.597–8 K. = 203.22–204.12 Helmreich) 55 n.139
 2.45 (XV.603–4 K. = 206.16–9; 207.3–5 Helmreich) 55 n.138
 3.40 (XV.699 K. = 254.16–17 Helmreich) 347 n.33
 4.4 (XV.741 K. = 275.23–4 Helmreich) 401 n.165
 4.26 (XV.778 K. = 294.19–21 Helmreich) 112 n.81
 4.37 (XV.803 K. = 307.5 Helmreich) 153 n.160

In Hippocratis epidemiarum librum primum commentarii III (*Comm. Hipp. Epid. I*)

- 1 (XVIIa.213 K. = 107.17–23 Wenkebach) 133 n.118

In Hippocratis epidemiarum librum secundum commentarii V (*Comm. Hipp. Epid. II*)

- 2.4.4 (341.14–18 Wenkebach and Pfaff) 343 n.22
 183.34 Wenkebach and Pfaff 206 n.71
 408.11–409.11 Wenkebach and Pfaff 104 n.66

In Hippocratis epidemiarum librum tertium commentarii III (*Comm. Hipp. Epid. III*)

- 2.5 (XVIIa. 613 K. = Wenkebach 83.12–13) 239 n.149
 33 (XVIIa. 678–9 K. = 126.10–127.5 Wenkebach) 139 n.137

- 78 (XVIIa.757 K. = 172.5–10

- Wenkebach) 132

- 86 (XVIIa.778 K. = 181.4–6 Wenkebach) 364 n.71

- 90 (XVIIa.789 K. = 186.4–7 Wenkebach) 154 n.163

- 91 (XVIIa.791 K. = 186.12–14 Wenkebach) 226 n.118

In Hippocratis epidemiarum librum sextum commentarii I–II (*Comm. Hipp. Epid. VI*)

- 1.21 (XVIIa.867 K. = 41.11–12 Wenkebach-Pfaff) 99 n.51

- 1.31 (XVIIa.895 K. = 59.21–3 Wenkebach-Pfaff) 93 n.37, 167 n.192

- 4.28 (XVIIb.212 K. = 245.21–246.12

- Wenkebach and Pfaff) 256 n.186

- 5.11 (XVIIb.263 K. = 280.15–20 Wenkebach and Pfaff) 358 n.56

- 443.13–28 Wenkebach and Pfaff 317 n.99
 448.3–4 Wenkebach and Pfaff 416 n.197
 460.8–21 Wenkebach and Pfaff 332 n.129
 484.21–4 Wenkebach and Pfaff 154 n.162
 503.31–504.11 Wenkebach and Pfaff
 240 n.153
 506.21–507.21 Wenkebach and Pfaff 262
 n.202
- In Hippocratis prognosticum commentarii III*
 (Comm.Hipp.Progn.)
 1.4 (XVIII.B.18 K. = 206.15–16 Heeg) 376
 1.28 (XVIII.B.88 K. = 245.15–20 Haag) 151
 n.157
 1.28 (XVIII.B.88 K. = 245.24–246.1 Haag)
 399 n.162
- In Hippocratis prorrheticum I commentaria III*
 (Comm.Hipp.Prorrh. I)
 1.17 (XVI.553 K. = 34.17–20 Diels) 139 n.136
 1.18 (XVI.554.1–9 K. = 35.4–10 Diels) 319
 n.107
 1.20 (XVI.556 K. = 36.11–13 Diels)
 168 n.194
 1.31 (XVI.576 K. = 45.10–18 Diels) 283 n.15
 2.8 (XVI.606 K. = 59.16–22 Diels) 387 n.133
 2.34 (XVI.652 K. = 80.15–17 Diels) 96 n.46
 2.55 (XVI.683–4 K. = 95.30–96.2 Diels)
 93 n.36
 3.31 (XVI.781–2 K. = 143.22–144.18 Diels)
 404 n.173
 3.31 (XVI.781–2 K. = 144.5–8 Diels) 93 n.37
- De usu partium*
 8.6 (III.640–1 K. = 464–5 Helmreich)
 79 n.16
- Vocum Hippocratis glossarium (Voc. Hipp. Gloss.)*
 8 24 Perilli 364 n.71
- Herodotus (Hdt.)
Histories (Hist.)
 1.105 257, 257 n.191
 3.6 61
 3.16 270
 3.25 270
 3.29.1 18 n.7
 3.30.1 270
 3.30.2 270
 3.31.1 270–271
 3.33 18, 61
 3.34.2 224 n.113
 3.116 240
 3.134.3 306 n.72, 401
 5.42 271
 6.75.1 18 n.7, 270
 6.75.3 270, 271
 6.105.1–2 306 n.72
 7.16.b2 299 n.59
- Hesiod (Hes.)
Theogony
 120–2 170 n.27, 374 n.97
 211–14 177 n.10
 910 170 n.27
- [Hippocrates]
On Affections (Aff.)
 1 (6.208.12–13 L. = 6.14–17 Potter) 229
 1 (6.208.17–19 L. = 8.1–2 Potter) 395 n.151
 1 (6.208.2–4 L. = 62–5 Potter) 415
 2 (6.210.9–10 L. = 8.21–2 Potter)
 279 n.10
 10 (6.218.3–5 L. = Potter 18.25–6) 222
 10 (6.218.9 L. = 19.7 Potter) 400
 25 (6.238.22–3 L. = 46.5–6 Potter) 396
 46 (6.254.17–18 L. = 70.3 Potter) 392
 47 (6.256.22–3 L. = 72.14–15 Potter) 206
- Aphorisms (Aph.)*
 1.22 (4.468.13–14 L. = 384.8–385.1
 Magd.) 348
 2.2 (4.470.11 L. = 386.3 Magd.) 184
 2.6 (4.470.17–18 L. = 387.1–2 Magd.) 330
 2.22 (4.476.6–8 L. = 391.1–2 Magd.) 205
 2.33 (4.480.5–6 L. = 394.1–2 Magd.) 412
 2.43 (4.482.9–10 L. = 396.5–6 Magd.) 109,
 227 n.122
 3.17 (4.492.13–494.7 L. = 404.5–12 Magd.)
 294–295
 3.17 (4.494.5 L. = 404.10 Magd.) 314
 3.23 (4.496.9–11 L. = 406.9–11 Magd.) 294
 4.67 (4.526.3–4 L. = 425.9–10 Magd.)
 301–302, 357
 6.23 (4.568.11–12 L. = 453.1–2 Magd.) 57
 6.28 (4.570.5 L. = 454.1 Magd.) 258 n.195
 6.39 (4.572.8–9 L. = 455.9–456.1
 Magd.) 204
 6.53 (4.576.13–14 L. = 458.10–11 Magd.)
 368
 6.56 (4.576.19–21 L. = 459.4–6 Magd.) 286
 7.8 (4.480.2–3 L. = 461.9–10 Magd.)
 125–169
 7.9 (4.580.4 L. = 461.11 Magd.) 146
 7.18 (4.582.2 L. = 463.1 Magd.) 146
 7.58 (4.594.10–11 L. = 470.8–9 Magd.)
 122–123
 7.83 (4.606.6–7 L. = 476.1–2 Magd.) 99
- Airs Waters Places (Aer.)*
 3 (2.18.4–6 L. = 191.1–3 Jouanna) 146 n.59
 4 (2.20.17–22.1 L. = 194.10 Jouanna) 343
 5 (2.24.2–3 L. = 197.4–5 Jouanna) 412
 10 (2.50.11–12 L. = 217.9–10 Jouanna) 49,
 96 n.44
 12 (2.52.18 L. = 220.5 Jouanna) 347
 12 (2.52.18 L. = 220.4–5 Jouanna) 343–344
 16 (2.62.13–15 L. = 227.11–13 Jouanna)
 344

[Hippocrates] (*cont.*)

- 16 (2.64.3–4 L. = 228.6–7 Jouanna) 163, 378
 n.107, 387 n.134
 19 (2.70.3–72.21 L. = 232.14–235.7
 Jouanna) 171
 21 (2.74.18–76.11 L. = 237.3–238.5 Jouanna)
 259 n.196
 22 (2.76.12–82.5 L. = 238.6–241.20
 Jouanna) 94, 257
 23 (2.84.8–86.6 L. = 243.2–244.7
 Jouanna) 344
 24 (2.88.4 L. = 246.2 Jouanna) 39
 24 (2.90.3 L. = 247.3–4 Jouanna) 344
 24 (2.90.6–7 L. = 248.2–3 Jouanna) 344
 24 (2.92.1–2 L. = 249.6 Jouanna) 179 n.18

Ancient Medicine (Ver.Med.)

- 1 (1.572.1–2 L. = 119.1–3 Jouanna) 396
 5 (1.580.15 L. = 124.10 Jouanna) 396
 9 (1.588.11–13 L. = 128.7–9 Jouanna) 204
 9 (1.588.14–590.1 L. = 128.12–13
 Jouanna) 331
 10 (1.592.8–10 L. = 130.10–12 Jouanna)
 328, 392
 10 (1.592.13–594.5 L. = 130.16–131.10
 Jouanna) 198–199
 10 (1.592.17–18 L. = 131.3–4 Jouanna) 291,
 331, 362
 11 (1.594.16 L. = 132.4–6 Jouanna) 205
 12 (1.598.1 L. = 133.4 Jouanna) 397
 19 (1.618.13–14 L. = 144.19–145.1
 Jouanna) 369

The Art (Art.)

- 3 (6.4.18–6.1 L. = 226.15–16 Jouanna) 370
 7 (6.10.19 L. = 231.5–6 Jouanna) 397
 8 (6.12.20 L. = 232.19 Jouanna) 397
 8 (6.12.22–14.1 L. = 233.2 Jouanna) 397
 12 (6.24.2–3 L. = 240.1–6 Jouanna) 140
 31 (4.146.7 L. = 149.11 Kühlewein) 328

Articulations (Artic.)

- 14 (4.120.16–17 L. = 136.9–10
 Kühlewein) 397
 30 (4.142.1 L. = 146.15 Kühlewein)
 132 n.115
 58 (4.254.15 L. = 207.4 Kühlewein) 262
 59 (4.256.10 L. = 208.5 Kühlewein) 262

Breaths (Flat.)

- 1 (6.90.3–7 L. = 103.2 Jouanna) 371 n.84
 8 (6.102.4 L. = 113.11 Jouanna) 40–109
 14 (6.112.6–7 L. = 122.7–8 Jouanna)
 330–366
 14 (6.110.14–114.12 L. = 121.6–124.10
 Jouanna) 109–333
 14 (6.110.16–18 L. = 121.9–11 Jouanna) 255
 14 (6.112.2–5 L. = 122.2–6 Jouanna)
 241–244

14 (6.112.11–13 L. = 122.13–16 Jouanna)

127–128, 387

14 (6.112.22–4 L. = 123.8–10 Jouanna) 281

Coan Prenotions (Coac.)

- 39 (5.594.11–14 L. = 114.22 Potter) 141
 47 (5.596.4–6 L. = 116.10–12 Potter) 387
 59 (5.596.19–20 L. = 118.13 Potter) 148
 65 (5.598.9–10 L. = 120.1–2 Potter) 134
 69 (5.598.17–18 L. = 120.13–14 Potter) 159
 76 (5.600.7–9 L. = 122.1–3 Potter) 152, 164,
 291 n.187
 77 (5.600.10 L. = 122.4–5 Potter) 94 n.37
 81 (5.600.18–19 L. = 122.17–18 Potter) 182
 95 (5.602.21–604.1 L. = 124.25–6 Potter) 219
 97 (5.604.2–3 L. = 126.3–4 Potter) 59
 97 (5.604.2–3 L. = 126.3–4 Potter) 174
 98 (5.604.3–6 L. = 126.5–7 Potter) 142
 108 (5.606.1–3 L. = 128.6–8 Potter) 146
 128 (5.610.1–3 L. = 132.9–11 Potter) 226 n.27
 157 (5.618.4–7 L. = 140.17–20 Potter) 142,
 164291 n.187, 315 n.93
 163 (5.618.17–620.1 L. = 9–11 Potter) 315
 n.93
 165 (5.620.3–4 L. = 142.15–16 Potter) 183
 171 (5.620.14–16 L. = 144.5–9 Potter) 179
 n.24, 183
 190 (5.624.19–626.2 L. = 148.19–20 Potter)
 225 n.115, 315 n.93
 210 (5.630.6 = Potter 155.6) 77 n.11
 213–17 (5.630.11–632.12 L. = 155.14–157.12
 Potter) 88–89
 221 (5.632.16–17 L. = 156.21–2 Potter) 291
 222 (5.632.17–18 L. = 156.23–4 Potter) 146
 n.147
 223 (5.632.18–21 L. = 156.25–6 Potter) 90
 230 (5.634.18–20 L. = 160.1–4 Potter)
 112 n.82
 240 (5.636.13 L. = 160.26 Potter) 116
 249 (5.638.4 L. = 162.15 Potter) 116
 252 (5.638.10–12 L. = 162.24–26 Potter)
 146 n.147
 253 (5.638.12–13 L. = 164.1–2 Potter) 141
 274 (5.644.7–8 L. = 168.18–19 Potter) 278
 n.10
 276 (5.646.3–4 L. = 170.14–15 Potter) 90
 n.32
 288 (5.648.9 L. = 172.25 Potter) 289 n.26
 307 (650.19–21 L. = 176.23–7 Potter) 35
 n.60
 333 (5.656.3–6 L. = 182.17–19 Potter) 219
 345 (5.658.5–7 L. = 184.21–3 Potter) 94 n.38
 355 (5.658.23–660.3 L. = 186.26–7 Potter)
 124 n.102
 466 (5.688.14–15 L. = 220.3–4 Potter) 327
 472 (5.690.7–8 L. = 220.26–8 Potter) 363

- 475 (5.690.11–12 L. = 222.6–7 Potter) 286
 476 (5.690.12–13 L. = 222.8–10 Potter) 92,
 134 n.121
 487 (5.694.12–14 L. = 226.8–10 Potter) 164
 n.187
 487 (5.694.19–22 L. = 226.17–21 Potter)
 176–177
 489 (5.696.2–5 L. = 226.24–7 Potter) 286
 500 (5.698.15–18 L. = 230.16–19 Potter)
 288
 535 (5.706.11–13 L. = 240.3–6 Potter) 327
 550 (5.708.20–710.2 L. = 242.20–2 Potter)
 95 n.42
 569 (5.714.18–19 L. = Potter 249.23–4) 406
 587 (5.720.10–14 L. = 254.21–5 Potter) 301
 632 (5.730.11–13 L. = 266.14–16 Potter) 183
 n.32
- Crises*
(Judic.)
 43 (9.290.9–11 L. = 14.5 Preiser) 120
 44 (9.290.12–13 L. = 14.6–7 Preiser) 97
 63 (9.294.11–12 L. = 17.8–9 Preiser) 146
- Critical Days*
(Dieb. Judic.)
 2 (9.298.17–18 L. = 2.10–13 Preiser) 141
 3 (9.300.28–30 L. = 4.15–8 Preiser) 379
- Diseases I (Morb. I)*
 3 (6.144.12 L. = 8.13 Wittern) 49 n.124
 4 (6.146.8–10 L. = 10.15–17 Wittern) 310
 n.66
 6 (6.150.13 L. = 16.11 Wittern) 396
 12 (6.160.7 L. = 28.16 Wittern) 101
 15 (6.168.11 L. = 40.15 Wittern) 296–195
 30 (6.200.11–12 L. = 86.19–20 Wittern)
 400, 412
 30 (6.200.11–18 L. = 86.19–88.6 Wittern) 36
- Diseases II (Morb. II)*
 1 (7.8.6–10 L. = 132.6–11 Jouanna) 94
 4b (7.12.11–12 L. = 136.1–2 Jouanna) 278,
 279 n.10
 4b.2 (7.12.14–15 L. = 136.6 Jouanna) 292
 5 (7.12.16–24 L. = 136.7–15 Jouanna)
 36–37
 6a (7.14.8–13 L. = 137.9–10 Jouanna) 194
 n.50, 222
 6b (7.14.20–2 L. = 138.6–8 Jouanna) 222
 12 (7.22.4–5 L. = 143.1–3 Jouanna) 296–195
 15 (7.26.24–28.4 L. = 149.1–5
 Jouanna) 101
 15 (7.26.24–28.7 L. = 149.1–10 Jouanna)
 278–279
 15 (7.28.6 L. = 149.7–8 Jouanna) 249 n.173
 15 (7.28.7 L. = 149.9–10 Jouanna)
 324–325
- 16 (7.30.3 L. = 150.15–16 Jouanna) 413
 17 (7.30.18–22 L. = 151.17–152.2
 Jouanna) 148
 19 (7.32.17–19 L. = 153.9–11 Jouanna)
 289–290
 21 (7.36.2 L. = 155.12 Jouanna) 101
 21 (7.36.3–4 L. = 155.12–14 Jouanna) 379,
 406
 22 (7.36.14–15 L. = 156.10–12 Jouanna) 223
 22 (7.36.19–21 L. = 156.16–18 Jouanna) 89
 25 (7.38.19–40.1 L. = 158.10–14
 Jouanna) 279
 51 (7.78.14–23 L. = 188.8–18 Jouanna) 231
 51 (7.78.16–18 L. = 188.10–12 Jouanna)
 325
 51 (7.80.7–8 L. = 189.6–7 Jouanna) 222
 54 (7.82.14–16 L. = 191.8–10 Jouanna) 109
 55 (7.84.23–4 L. = 193.12–13 Jouanna) 321
 n.111
 65 (7.100.1–9 L. = 204.3–10 Jouanna) 178
 66 (7.100.8–102.3 L. = 204.11–205.16
 Jouanna) 192–195
 67 (7.102.7–8 L. = 205.20–2 Jouanna) 92
 n.80
 67 (7.102.8 L. = 205.22 Jouanna) 48 n.118
 68 (7.104.1–7 L. = 207.1–7 Jouanna) 90
 n.81
 72 (7.108.25–110.1 L. = 211.15–16 Jouanna)
 211 n.89
 72 (7.110.1 L. = 211.16 Jouanna) 352–353
 72 (7.110.1–2 L. = 211.17–18 Jouanna) 194,
 380 n.114
 72 (7.110.1–4 L. = 211.16–20 Jouanna) 264,
 325 n.210, 377
 73 (7.110.24–112.1 L. = 213.5–6 Jouanna)
 279 n.10
 73 (7.110.24–112.12 L. = 212.11–213.19
 Jouanna) 196
 74 (7.112.13–26 L. = 213.20 Jouanna) 197
- Diseases III (Morb. III)*
 5 (7.122.15–16 L. = 72.29–30 Potter) 178
 8 (7.126.17–128.4 L. = 76.11–15 Potter) 223
 8 (7.126.17–22 L. = 76.11–15 Potter) 123
 9 (7.128.5–9 L. = Potter 76.20–3) 46
 9 (7.128.7 L. = 76.21–2 Potter) 90
 9 (7.128.6 L. = 76.20–1 Potter) 288 n.23
 10 (7.128.16–130.1 L. = 76.30–78.6
 Potter) 104
 10 (7.128.22–130.1 L. = 78.4–6 Potter) 290,
 309
 11 (7.130.17–25 L. = 78.21–8 Potter) 154
 11 (7.130.20–3 L. = 78.24–6 Potter) 379
 12 (7.132.6–7 L. = 80.4–5 Potter) 96 n.38
 13 (7.132.18–134.1 L. = 80.15–22 Potter) 158,
 159 n.172

Diseases III (cont.)

- 13 (7.132.23–134.1 L. = 80.19–22 Potter)
135, 147
13 (7.132.25–134.2 L. = 80.21–3 Potter) 133
n.119
15 (7.136.11–15 L. = 82.22–5 Potter)
148, 262
15 (7.142.5 L. = 86.18 Potter) 206

Diseases IV (Morb. IV)

- 4.39 (7.558.15–17 L. = 121.15–17 Joly)
396–397
4.39 (7.560.2 L. = 94.7 Joly) 237
4.39 (7.560.3 L. = 94.6 Joly) 237
4.44 (7.598.1–18 L. = 115.18–116.11 Joly) 125
4.56 (7.606.1 L. = 119.23 Joly) 237
4.56 (7.606.14 L. = 120.13 Joly) 237

Diseases of Women (Mul.)

- 1.2 (8.16.13–20 L.) 184 n.34, 210
1.2 (8.16.20 L.) 219 n.169
1.2 (8.16.21 L.) 147
1.2 (8.18.5–9 L.) 124, 139
1.2 (8.48.15–17 L.) 211–235, 253 n.183
1.7 (8.32.21–4 L.) 110, 111, 210 n.87
1.8 (8.34.14 L.) 209–210
1.8 (8.34.22–36.1 L.) 104
1.8 (8.36.4–7 L.) 90 n.68, 158, 184,
288 n.169
1.11 (8.44.15 L.) 158
1.12 (8.48.14–15 L.) 96 n.38
1.25 (8.66.17–21 L.) 207–392
1.32 (8.76.2 L.) 210
1.32 (8.76.7–8 L.) 95
1.36 (8.84.16–86.6 L.) 183
1.36 (8.84.20–1 L.) 101
1.36 (8.86.6 L.) 158 n.171, 195, 210
1.39 (8.96.2 L.) 210
1.41 (8.100.8–10 L.) 94, 249 n.173, 413
1.41 (8.98.21–100.9 L.) 183
1.41 (8.98.21–2 L.) 210–211
1.57 (8.114.11–13 L.) 248, 293, 294 n.41
1.60 (8.120.12 L.) 112 n.83
1.61 (8.124.21 L.) 222
1.64 (8.132.1 L.) 112 n.83
1.68 (8.144.22 L.) 236
2.110 (8.234.18–20 L.) 150–151
2.110 (8.234.20 L.) 90 n.81
2.110 (8.234.11 L.) 139 n.133
2.110 (8.234.15–16 L.) 154, 158
2.116 (8.250.21–3 L.) 94
2.117 (8.252.20–1 L.) 171
2.120 (8.262.2–4 L.) 111 n.80
2.123 (8.266.14 L.) 110
2.124 (8.268.1 L.) 158 n.171
2.124 (8.268.3 L.) 110
2.127 (8.272.9–10 L.) 111 n.80

- 2.133 (8.282.12–19 L.) 61 n.158, 211–235, 383
2.133 (8.282.15–21 L.) 288 n.169, 319–320
2.133 (8.282.19 L.) 326 n.169
2.145 (8.320.11–12 L.) 249
2.146 (8.322.5–6 L.) 123
2.151 (8.326.14–17 L.) 103 n.64
2.151 (8.326.17 L.) 210 n.87
2.169 (8.348.7–8 L.) 249
2.170 (8.350.12–13 L.) 111 n.80
2.171 (8.350.21–352.5 L.) 184 n.34
2.171 (8.352.1–9 L.) 212–213, 349 n.178
2.174 (8.356.2–5 L.) 92 n.80
2.175 (8.358.1 L.) 236
2.177 (8.358.19–360.7 L.) 61 n.158
2.177 (8.360.2–5 L.) 135
2.177 (8.360.5 L.) 90 n.68, 249 n.173
2.182 (8.364.14–15 L.) 253 n.183, 310 n.66
2.201 (8.384.2 L.) 248
2.203 (8.388.19–390.2 L.) 103, 288 n.169
3.214 (8.416.1–2 L.) 109, 292

Epidemics I (Epid. I)

- 1.6 (2.622.6 L. = 186.14–15 Kühlewein) 146
1.7 (2.624.7–8 L. = 187.7–8 Kühlewein) 180
1.18 (2.652.3 L. = 194.21–2 Kühlewein)
91–92, 362
1.19 (2.656.2–5 L. = 195.15–19 Kühlewein)
140 n.138
1.23 (2.668.14 and 670.5–8 L. = 199.9 and
15–18 Kühlewein) 300
1.23 (2.670.5–9 L. = 199.15–18 Kühlewein)
55, 177
1.26 case 1 (2.682.11–12 L. = 202.18–19
Kühlewein) 180
1.26 case 2 (2.684.12–13 L. = 203.12–13
Kühlewein) 226
1.26 case 2 (2.686.6–7 L. = 203.23–204.1
Kühlewein) 180
1.26 case 4 (2.690.11–694.2 L. = 205.14–
206.16 Kühlewein) 407–408
1.26 case 5 (2.696.8 L. = 207.14
Kühlewein) 180
1.26, case 8 (2.702.11–13 L. = 209.17–19
Kühlewein) 301
1.26 case 8 (2.702.16 L. = 209.22
Kühlewein) 92 n.173
1.26 case 8 (2.702.18 L. = 209.24
Kühlewein) 158
1.26 case 11 (2.708.12–10.8 L. = 211.20–
212.11 Kühlewein) 180
1.26 case 12 (2.712.4–5 L. = 212.22–4
Kühlewein) 293

Epidemics II (Epid. II)

- 1.8 (5.80.1–6 L. = 24.22–26.4 Smith) 140
2.8 (5.88.4–5 L. = Smith 32.7–9) 77

- 2.8 (5.88.5 L. = 32.22–3 Smith) 69 n.7
 4.4 (5.126.7–8 L. = 72.4 Smith) 350
 4.4 (5.126.7–8 L. = 72.4–7 Smith) 343
 5.1 (5.128.5–9 L. = 70.4 Smith) 137 n.128
 5.1. (5.128.8–9 L. = 70.4–6 Smith) 137
 5.2 (5.128.8–12 L. = 70.7–10 Smith) 120
 5.11 (5.130.12–14 L. = 76.23–5 Smith) 95, 287
 5.16 (5.130.18–19 L. = 78.8–9 Smith) 350
 5.16 (5.130.18–20 L. = 74.1–2 Smith) 151
 6.1 (5.132.15–17 L. = 80.9–10 Smith) 350
 6.1 (5.132.16–17 L. = 76.1–4 Smith) 137
 6.14 (5.136.3–4 L. = 80.9–10 Smith) 63 n.162
 6.15 (5.136.5–7 L. = 80.13 Smith) 96 n.44
 6.19 (5.136.12 L. = 86.8–9 Smith) 412
 6.32 (5.138.18–20 L. = 84.22–3 Smith) 104
 8 (5.80.10–11 L. = 26.9 Smith) 206 n.71
 22 (5.94.6 L. = 38.9 Smith) 154
 24 (5.96.9–10 L. = 40.10–12 Smith) 218 n.98
- Epidemics III (Epid. III)*
 I case 3 (3.38.8–44.7 L. = 216.22–218.22 Kühlewein) 181
 I case 3 (3.42.9–11 L. = 218.6–8 Kühlewein) 154
 I case 4 (3.44.12 L. = 218.24 Kühlewein) 327
 I case 5 (3.46.10–48.6 L. = 219.8–15 Kühlewein) 226
 I case 6 (3.50.1–52.10 L. = 220.6–221.2 Kühlewein) 134
 I case 6 (3.50.2–52.7 L. = 220.6–221.1 Kühlewein) 214
 I case 6 (3.50.2–3 L. = 220.6–8 Kühlewein) 214
 I case 6 (3.52.7–8 L. = 221.1–2 Kühlewein) 362, 372
 I case 7 (3.54.1 L. = 221.4 Kühlewein) 119
 I case 8 (3.56.6–7 L. = 221.16–17 Kühlewein) 170 n.200
 I case 9 (3.58.6 L. = 222.3–4 Kühlewein) 215
 I case 11 (3.60.9–62.10 L. = 222.14–24 Kühlewein) 214
 I case 11 (3.62.4–5 L. = 222.19–20 Kühlewein) 96
 I case 11 (3.62.5 L. = 222.19 Kühlewein) 93 n.34, 96105 n.45
 3 (3.70.5–6 L. = 225.1–2 Kühlewein) 140–141
 3 (3.82.2–3 L. = 227.6–7 Kühlewein) 166 n.190
 4 (3.74.5 L. = 225.24–5 Kühlewein) 353 n.47
 5 (3.76.7 L. = 226.23 Kühlewein) 139 n.137
 6 (3.82.16–17 L. = 227.22–4 Kühlewein) 327
 6 (3.82.2–3 L. = 227.6–7 Kühlewein) 408
 14 (3.98.1–3 L. = 231.15–16 Kühlewein) 93
 17 (3.114.9 L. = 235.20 Kühlewein) 133
 17 case 2 (3.108.6–112.12 L. = 234.3–235.6 Kühlewein) 348
 17 case 2 (3.112.10–12 L. = 235.4–6 Kühlewein) 183
 17 case 2 (3.112.10–12 L. = 235.5–6 Kühlewein) 363
 17 case 4 (3.116.17 L. = 236.13–14 Kühlewein) 327
 17 case 5 (3.118.10–14 L. = 236.24–237.4 Kühlewein) 147
 17 case 5 (3.118.13 L. = 237.2–3 Kühlewein) 386
 17 case 7 (3.122.3–12 L. = 237.18–238.2 Kühlewein) 211
 17 case 7 (3.122.5–16 L. = 237.20–238.5 Kühlewein) 157
 17 case 10 (3.130.4 L. = 240.9–10 Kühlewein) 226
 17 case 11 (3.134.13 L. = 241.14 Kühlewein) 159
 17 case 11 (3.134.2 L. = 241.4 Kühlewein) 59
 17 case 11 (3.134.2–4 L. = 241.4–6 Kühlewein) 215
 17 case 11 (3.134.5 L. = 241.8 Kühlewein) 103 n.62
 17 case 11 (3.134.5 L. = 241.8 Kühlewein) 362
 17 case 11 (3.134.9–10 L. = 241.13 Kühlewein) 327
 17 case 13 (3.136.14–140.13 L. = 242.8–243.12 Kühlewein) 408
 17 case 13 (3.138.13 L. = 242.23 Kühlewein) 135 n.124
 17 case 14 (3.140.14–142.4 L. = 243.13–25 Kühlewein) 134
 17 case 15 (3.142.5–146.6 L. = 243.26–244.16 Kühlewein) 121–122
 17 case 15 (3.142.8–9 L. = 244.3–4 Kühlewein) 99
 17 case 16 (3.146.15–148.1 L. = 245.2–3 Kühlewein) 134 n.121
 17 case 16 (3.146.8–148.1 L. = 244.17–245.3 Kühlewein) 226
 17 case 16 (3.146.8–9 L. = 244.17–18 Kühlewein) 239
- Epidemics IV (Epid. IV)*
 12 (5.150.17 L. = 94.8–9 Smith) 96
 12 (5.150.17 L. = 94.9 Smith) 96 n.45
 15 (5.152.16–154.4 L. = 98.1–2 Smith) 148 n.148, 224
 15 (5.152.16–20 L. = 102.17–104.1 Smith) 386
 20 (108.7 Smith = 5.156.23 L.) 302

Epidemics IV (cont.)

- 35 (5.178.11–12 L. = 122.1–3 Smith) 98 n.50
 45 (5.184.16–188.6 L. = 128.19–21 Smith) 166
 45 (5.186.6–9 L. = 128.17.20–21 Smith) 182
 45 (5.188.5–6 L. = 130.19–20 Smith) 182
 46 (5.188.16 L. = 132.10–11 Smith) 99
 55 (5.194.7 L. = 136.15–138.3 Smith) 61
 57 (5.196.5–9 L.) 245

Epidemics V (Epid. V)

- 2 (5.204.13–15 L. = 3.2–5 Jouanna)
 242 n.161
 2 (5.204.8–9 L. = 2.8–9 Jouanna) 226
 5 (5.206.7–11 L. = 4.3–8 Jouanna) 178 n.17
 6 (5.206.12–21 L. = 4.9–21 Jouanna) 198
 n.60
 22 (5.222.8–11 L. = 14.14–18 Jouanna) 102
 23 (5.222.16–18 L. = 15.3–5 Jouanna) 292
 40 (5.232.2–4 L. = 20.6–8 Jouanna) 95
 40 (5.232.3–4 L. = 20.7–8 Jouanna) 102
 42 (5.232.12 L. = 21.4–5 Jouanna) 328
 43 (5.232.20 L. = 21.15 Jouanna) 369
 50 (5.236.13; 236.20 L. = 23.17; 24.2
 Jouanna) 194 n.50
 55 (5.238.11–16 L. = 25.6–13 Jouanna)
 119–120, 123
 60 (5.240.10–11 L. = 27.5–6 Jouanna) 163
 61 (5.242.1 L. = 28.2 Jouanna) 163
 61 (5.242.2 L. = 28.3–4 Jouanna) 329
 62 (5.242.4–5 L. = 28.6–8 Jouanna) 159
 62 (5.242.4–5 L. = 28.6–8 Jouanna) 157
 63 (5.242.10–11 L. = 28.14–29.1 Jouanna)
 103 n.62
 63 (5.242.10–11 L. = 28.14–29.1 Jouanna) 331
 63 (5.242.7–14 L. = 28.10–29.5 Jouanna) 120
 80 (5.248.23–250.2 L. = 36.7–11
 Jouanna) 124
 81–2 (5.250.10–17 L. = 37.7–38.4
 Jouanna) 354
 82 (5.250.14–15 L. = 37.13–14 Jouanna) 170
 n.200, 289
 83 (5.250.18–19 L. = 38.5–7 Jouanna) 94
 84 (5.252.5–6 L. = 39.1–3 Jouanna) 217
 84 (5.252.5–6 L. = 39.1–3 Jouanna) 364
 85 (5.252.8 L. = 39.5–6 Jouanna) 135
 86 (5.252.11–15 L. = 39.9–15 Jouanna) 227
 91 (5.254.7–10 L. = 41.4–8 Jouanna) 152
 95 (5.254.18–256.5 L. = 42.3–14
 Jouanna) 159
 104 (5.258.14–16 L. = 45.10–46.1
 Jouanna) 111

Epidemics VI (Epid. VI)

- 1.13 (5.272.13–4 L. = 14.1–2
 Manetti-Roselli) 99
 1.13 (5.272.15–274.1 L. = 14.4
 Manetti-Roselli) 290

- 1.15 (5.274.10–276.2 L. = 18.1–4
 Manetti-Roselli) 167
 1.15 (5.276.1 L. = 18.3–4 Manetti-Roselli)
 93, 351
 2.20 (5.288.5–6 L. = 44.1–2
 Manetti-Roselli) 357
 3.22 (5.304.1 L. = 74.1 Manetti-Roselli) 105
 4 (5.308.5–6 L. = 84.9–10 Manetti-Roselli)
 135 n.124
 4.19 (5.312.5 L. = 96.1 Manetti-Roselli) 140
 n.138
 4.19 (5.312.7–8 L. = 96.6–7 Manetti-
 Roselli) 412 n.39
 4.21 (5.312.10–11 L. = 98 Manetti-Roselli)
 255256 n.186
 5.1 (5.314.5–11 L. = 100.1–104.7 Manetti-
 Roselli) 98 n.50
 5.2 (5.314.14 L. = 106.1 Manetti-Roselli)
 402 n.169
 5.2 (5.314.14–15 L. = 106.1–2
 Manetti-Roselli) 39–40
 5.2. (5.314.14–15 L. = 106.1–2
 Manetti-Roselli) 392
 5.5 (5.316.5–6 L. = 108.1–2 Manetti-Roselli)
 349–350
 5.5 (5.316.8–9 L. = 110.4
 Manetti-Roselli) 405
 5.5 (5.316.8–9 L. = 110.4
 Manetti-Roselli) 168–358
 5.15 (5.320.1–4 L. = 116.2–4 Manetti-
 Roselli) 167–239
 6.2 (5.322.11 L. = 124.1 Manetti-Roselli)
 407
 6.9 (5.328.7–9 L. = 134.1–3
 Manetti-Roselli) 105
 6.13 (5.328.16–330.1 L. = 136.8–12 Manetti-
 Roselli) 179 n.19
 7.1 (5.334.19–20 L. = 148.44–5
 Manetti-Roselli) 119
 7.6 (5.340.8–12 L. = 156.1–158.4 Manetti-
 Roselli) 91, 348
 7.6 (5.340.8–9 L. = 156.1–2
 Manetti-Roselli) 141
 8.5 (5.344.6 L. = 164.2 Manetti-Roselli)
 398
 8.7 (5.344.17–18 L. = 166.1–168.1
 Manetti-Roselli) 205
 8.7 (5.346.6–7 L. = 172.11–12
 Manetti-Roselli) 416
 8.9 (5.346.16–17 L. = 174.3
 Manetti-Roselli) 300
 8.10 (5.348.1–5 L. = 174.1–5
 Manetti-Roselli) 331
 8.10 (5.348.2 L. = 174.1–2 Manetti-Roselli)
 249 n.173

- 8.17 (5.350.3–4 L. = 181.1–2 Manetti-Roselli)
274 n.2
- 8.23 (5.352.8–9 L. = 184.1–2
Manetti-Roselli) 154
- 8.23 (5.352.8–9 L. = 184.13–14 Manetti-
Roselli) 237 n.144
- 8.29 (5.354.6–9 L. = 190.5–192.3 Manetti-
Roselli) 240–242
- 8.31 (5.356.1–3 L. = 194.2–4
Manetti-Roselli) 392
- 8.32 (5.356.4–15 L. = 194.5–17 Manetti-
Roselli) 261–262
- Epidemics VII (Epid. VII)*
- 1 (5.364.18 L. = 48.11–12 Jouanna) 412
- 1 (5.364.18 L. = 48.12 Jouanna) 351
- 1 (5.366.2–3 L. = 48.16–17 Jouanna) 129
- 2 (5.366.17–21 L. = 49.16–21 Jouanna) 182
- 3 (5.370.10–13 L. = 51.10–14 Jouanna) 409
- 3 (5.370.7–13 L. = 51.7–14 Jouanna) 213–214
- 5 (5.372.15–376.13 L. = 53.1–5.6 Jouanna) 325
- 5 (5.374.15–376.5 L. = 54.5–23
Jouanna) 76–77
- 5 (5.374.19–20 L. = 54.9–10 Jouanna) 152
- 5 (5.374.7 L. = 53.20–1 Jouanna) 410
- 5 (5.376.5–7 L. = 54.24–5 Jouanna) 218
- 7 (5.378.15 L. = 56.15 Jouanna) 414 n.193
- 7 (5.378.15 L. = 56.15 Jouanna) 90
- 8 (5.378.19–380.2 L. = 56.19–57.3
Jouanna) 124
- 10 (5.380.22–3 L. = 58.4 Jouanna) 211 n.90
- 10 (5.382.1–3 L. = 58.6–9 Jouanna) 157
- 10 (5.382.2–3 L. = 58.8–9 Jouanna) 379
- 10 (5.382.3–4 L. = 58.9–10 Jouanna) 329
- 10 (5.382.7 L. = 58.13–4 Jouanna) 163
- 10 (5.382.9–10 L. = 58.16–8 Jouanna) 218
- 11 (5.382.13–386.22 L. = 58.21–61.24
Jouanna) 91–92, 159 n.173, 93 n.34, 103
n.62, 135, 148 n.148, 151, 154, 155, 167,
216–217, 312, 331, 349–350, 354, 370, 410,
412 n.39
- 11 (5.384.11–12 L. = 60.4–6 Jouanna) 179
n.21, 287 n.22
- 15 (5.390.1–2 L. = 63.1–3 Jouanna) 102
- 16 (5.390.7–8 L. = 63.9–10 Jouanna) 102
n.59
- 17 (5.390.11 L. = 63.13–14 Jouanna) 91
- 18 (5.390.17–18 L. = 64.3–5 Jouanna)
120–121
- 20 (5.392.3–10 L. = 64.11–65.3 Jouanna)
104
- 22 (5.392.13–14 L. = 65.7–9 Jouanna) 119
- 25 (5.394.8–15 L. = 66.5–13 Jouanna) 165
- 25 (5.394.8–398.3 L. = 66.5–68.10 Jouanna)
217–218
- 25 (5.396.14–15 L. = 67.15–16 Jouanna) 379
- 25 (5.396.19–21 L. = 67.21–68.3 Jouanna)
152–153
- 25 (5.396.23–398.1 L. = 68.5–7 Jouanna) 147
- 25 (5.396.3–18 L. = 67.1–15 Jouanna) 91
- 25 (5.396.9–10 L. = 67.9–10 Jouanna) 172,
377
- 26 (5.398.14–19 L. = 69.1–6 Jouanna) 286
- 28 (5.400.1–9 L. = 69.10–70.2 Jouanna)
157
- 28 (5.400.4–5 L. = 69.14–15 Jouanna) 103
n.62
- 31 (5.400.19–20 L. = 70.14–71.1
Jouanna) 159
- 31 (5.400.20 L. = 70.15–71.1 Jouanna) 92
- 32 (5.400.22–402.5 L. = 71.3–10
Jouanna) 123
- 32 (5.402.1–4 L. = 71.5–8 Jouanna) 157
- 32 (5.402.3–4 L. = 71.7–8 Jouanna) 163
- 33 (5.402.10–11 L. = 72.4 Jouanna) 163
- 35 (5.402.16–404.13 L. = 73.1–74.4
Jouanna) 141
- 36 (5.404.17–20 L. = 74.10–13 Jouanna) 110
- 43 (5.410.11 L. = 78.2 Jouanna) 417 n.198
- 43 (5.410.11–12 L. = 78.3–4 Jouanna) 169
- 43 (5.410.9–13 L. = 77.26–78.5 Jouanna) 138
- 45 (5.412.10–414.9 L. = 79.7–80.10
Jouanna) 218
- 45 (5.414.2–4 L. = 79.24–80.3 Jouanna) 215
- 46 (5.414.10–14 L. = 80.11–16 Jouanna) 324
- 46 (5.414.14 L. = 80.15–16 Jouanna) 109
- 46 (5.414.14–16 L. = 80.16–18 Jouanna) 417
- 52 (5.420.12–21 L. = 84.5–16 Jouanna) 151
- 53 (5.422.4–5 L. = 84.21–23 Jouanna) 152
- 53 (5.422.4–7 L. = 84.21–5 Jouanna)
182 n.31
- 53 (5.422.6–7 L. = 84.24–5 Jouanna) 108
n.73
- 59 (5.424.14 L. = 86.15–16 Jouanna) 155
- 75 (5.434.9–15 L. = 93.13–94.4 Jouanna)
123
- 79 (5.436.1 L. = 95.11 Jouanna) 142
- 80 (5.436.4–16 L. = 95.15–96.10
Jouanna) 165
- 80 (5.436.4–7 L. = 95.15–19 Jouanna) 169
- 83 (5.440.4–9 L. = 98.13–18 Jouanna) 151
- 84 (5.442.21–3 L. = 100.11–14 Jouanna) 155
- 84 (5.442.22–3 L. = 100.13–14 Jouanna)
417 n.198
- 85 (5.444.1–7 L. = 101.5–6 Jouanna) 124, 155
- 88 (5.444.22–3 L. = 102.9–11 Jouanna) 94
- 89 (5.446.11 L. = 103.11–12 Jouanna) 134
n.121
- 89 (5.446.7–17 L. = 103.6–18 Jouanna) 59,
148, 152, 157, 217, 272, 364, 365, 410
- 90 (5.446.19 L. = 59.20–23 Jouanna) 135

Epidemics VII (cont.)

- 92 (5.448.4–5 L. = 104.8 Jouanna) 226,
227 n.120
108 (5.458.13–16 L. = 111.10–15 Jouanna) 125
110 (5.460.1–3 L. = 111.23–25 Jouanna) 122
n.101, 417
112 (5.460.10–11 L. = 112.8–9 Jouanna) 59,
194 n.50
120 (5.464.23 L. = 115.20 Jouanna) 179 n.23
121 (5.466.13–14 L. = 116.17–19
Jouanna) 164
121 (5.466.14–23 L. = 116.17–117.9
Jouanna) 159
122 (5.466.23–468.1 L. = 117.10–13 Jouanna)
258 n.194

On Fleshes (Carn.)

- 15–18 (8.602.19–608.21 L. = 197.17–200.24
Joly) 128 n.107, 280 n.12
17 (8.606.6 L. = 199.7–8 Joly) 80
18 (8.606.18–608.21 L. = 199.24–200.24
Joly) 117–118
19 (8.608.22 L. = 200.25 Joly) 127 n.106

On Generation (Gen.)

- 1 (7.470.1–472.4 L. = 146.3–148.10
Giorgianni) 231–237
2 (7.472.12–16 L. = 148. 19–150.2
Giorgianni) 258 n.195
4 (7.474.20–2 L. = 47.3–6 Joly) 349
4 (7.474.14–476.16 L. = 152.3–154.11
Giorgianni) 234–235

Girls (Verg.)

- 1 (8.466.45–8 L. = 22.3–6 Lami) 355
1 (8.468.5–8 L. = 23.23–5 Lami) 37, 46,
400
2 (8.466.15–20 L. = 22.13–17 Lami) 37
2 (8.466.18–19 L. = 22.16–17 Lami) 328
2 (8.468.8–9 L. = 24.1 Lami) 157 n.169
2 (8.468.10–11 L. = 24.2–3 Lami) 271 n.220
3 (8.468.9–17 L. = 2.8 Lami) 249–250
3 (8.468.11–14 L. = 22.4–5 Lami) 355
3 (8.468.13–17 L. = 24.5–8 Lami) 368
3 (8.468.14–17 L. = 24.5–7 Lami) 272
3 (8.468.15 L. = 24.4 Lami) 106
3 (8.470.2 L. = 24.15 Lami) 262

Glands (Gland.)

- 11 (8.564.18–21 L. = 118.25–119.4 Joly) 282
n.13
12 (8.566.10–14 L. = 119.18–22 Joly) 34, 145
12 (8.568.1–2 L. = 119.24–5 Joly) 304, 350,
367

On Humours (Hum.)

- 2 (5.478.6–13 L. = 160.3–8 Overwien) 131
2 (5.478.12–13 L. = 160.7–8 Overwien) 407
4 (5.480.9 L. = 160.19 Overwien)
167 n.192

- 4 (5.480.13–482.5 L. = 162.1–8
Overwien) 164
4 (5.482.1–2 L. = 162.5–6 Overwien) 309
5 (5.484.3–8 L. = 162.23–164.3
Overwien) 203
7 (5.488.7–8 L. = 166.16–17 Overwien) 392
9 (5.488.15–17 L. = 168.3–4 Overwien) 202,
321 n.110
9 (5.488.15–490.8 L. = 168.3–13 Overwien)
40–41, 177
9 (5.490.1–2 L. = 168.7–8 Overwien) 399
9 (5.490.2–5 L. = 168.8–11 Overwien) 163
10 (5.490.13–14 L. = 168.18–19
Overwien) 131

Internal Affections (Int. Aff.)

- 1 (7.170.15 L. = 76.13–14 Potter) 350
3 (7.176.14–15 L. = 84.15–17 Potter) 226 n.119
6 (7.180.14 L. = 90.11 Potter) 321 n.111
17 (7.206.10 L. = 124.18 Potter) 229
18 (7.212.9 L. = 132.10–11 Potter) 286
29 (7.242.25–244.1 L. = 174.12–13 Potter)
148 n.148
29 (7.244.2–3 L. = 174.15–16 Potter) 83 n.21
35 (7.252.24–5 L. = 188.10–12 Potter) 380
39 (7.262.4–8 L. = 200.9–15 Potter) 89–90,
283 n.15
39–41 (7.260.22–270.6 L. = 200.1–210.18
Potter) 215 n.95
43 (7.274.4–7 L. = 216.13–18 Potter) 95, 153,
215–216
43 (7.274.7 L. = 216.13–18 Potter) 244
47 (7.282.6–7 L. = 228.7–9 Potter) 206–380
47 (7.282.13–14 L. = 228.16–17 Potter) 325
48 (7.284.6 L. = 232.12–14 Potter) 153
48 (7.284.11–13 L. = 230.22–232.4
Potter) 287
48 (7.284.21–2 L. = 232.14–15 Potter) 38
48 (7.284.21–286.6 L. = 232.14–23
Potter) 353
48 (7.284.22–286.1 L. = 232.16–17 Potter)
106, 305
48 (7.286.3–4 L. = 232.20–1 Potter) 166
48 (7.286.5–6 L. = 232.22–3 Potter) 148
48 (7.286.14–16 L. = 232.10–13 Potter) 105,
378

Letters (Ep.)

- 17 (9.360.9–378.9 L. = Smith 80.15–90.24)
415 n.194

On the use of Liquids (Liqu.)

- 1 (6.120.8 L. = 165.4–5 Joly) 283

Nature of Man (Nat. Hom.)

- 6 (6.44.9–10 L. = 178.16–17 Jouanna) 402

Nature of Woman (Nat. Mul.)

- 3 (7.314.14–15 L. = 4.14–5 Bourbon) 103
3 (7.314.22 L. = 5.9 Bourbon) 103

- 8 (7.324.6 L. = 12.2 Bourbon) 207 n.73
 17 (7.336.11–338.1 L. = 21.3–16 Bourbon) 207 n.73
 35 (7.376.21–2 L. = 51.5 Bourbon) 289 n.25
 41 (7.384.17–23 L. = 58.5–12 Bourbon) 158
 50 (7.392.21 L. = 65.6 Bourbon) 207 n.73
On Nutrition (Nutr.)
 48 (9.116.15–118.1 L. = 146.19–22 Joly) 200 n.87
Oath (Iusj.)
 3 (4.628.8–11 L. = 4.15–17 Heiberg) 364
De Officina Medici (Off.Med.)
 1.1 (3.272.3–6 L. = 30.3–7 Kühlewein) 102 n.2
Places in Man (Loc.Hom.)
 1 (6.276.2–9 L. = 36.1–8 Craik) 176
 13 (6.298.14–22 L. = 52.18–26 Craik) 98
 13 (6.302.3–4 L. = 54.26–7 Craik) 98
 39 (6.328.16–17 L. = 74.19 Craik) 221, 222 n.106, 272
Praecepta (Praec.)
 1 (9.252.4–6 L. = 30.11–12 Heiberg) 395 n.152
 9 (9.264.9–14 L. = 33.18–23 Heiberg) 371
 10 (9.270.8–10 L. = 34.28–35.2 Heiberg) 136
Prognostikon (Prog.)
 2 (2.112.13–118.6 L. = 4.1–9.5 Jouanna) 76, 92
 2 (2.114.9–10 L. = 5.4–6.1 Jouanna) 205
 2 (2.116.2–118.2 L. = 7.1–9.1 Jouanna) 87–88
 3 (2.118.7–122.4 L. = 9.6–13.2 Jouanna) 157
 3 (2.120.4–6 L. = 11.3–6 Jouanna) 164, 386
 3 (2.120.9–11 L. = 12.2–3 Jouanna) 112, 386
 4 (2.122.5–10 L. = 13.3–14.2 Jouanna) 152
 5 (2.122.12–13 L. = 14.5–6 Jouanna) 109
 7 (2.126.4–6 L. = 17.10–18.3 Jouanna) 72, 370, 399 n.162
 19 (2.164.6–7 L. = 55.1–2 Jouanna) 51 n.154
 20 (2.170.15–16 L. = 60.7–61.2 Jouanna) 265
Prorrhetic I (Prorrh. I)
 1 (5.510.7–512.1 L. = 75.8–10 Polack) 183
 3 (5.510.6–7 L. = 75.7–8 Polack) 141
 5 (5.512.1–2 L. = 75.10–11 Polack) 302
 8 (5.512.4–6 L. = 75.14–76.1 Polack) 111, 372
 16 (5.514.9 L. = 76.14–77.1 Polack) 314
 17 (5.514.10–11 L. = 77.2 Polack) 95, 101
 18 (5.514.12–14 L. = 77.4–6 Polack) 289, 319
 20 (5.516.2 L. = 77.9 Polack) 168
 24 (5.516.6–7 L. = 77.14 Polack) 169
 25 (5.516.7–8 L. = 77.14–16 Polack) 101
 26 (5.516.9 L. = 77.16–78.1 Polack) 60, 351
 29 (5.516.12–13 L. = 78.5 Polack) 333
 32 (5.518.3–8 L. = 78.9–13 Polack) 129
 32 (5.518.5–6 L. = 78.11–12 Polack) 328
 34 (5.518.9–10 L. = 78.14–15 Polack) 151
 37 (5.518.14–520.1 L. = 79.6–7 Polack) 62
 38 (5.520.5 L. = 79.12 Pollack) 370
 44 (5.522.6 L. = 80.8–9 Polack) 351, 387
 46 (5.522.7–8 L. = 80.10–11 Polack) 290
 48 (5.522.9–10 L. = 80.12–13 Polack) 112
 54 (5.524.4–5 L. = 81.7–8 Polack) 101 n.92
 55 (5.524.5 L. = 81.8–9 Polack) 101 n.92
 69 (5.526.13 L. = 83.1–2 Polack) 96
 71 (5.528.2 L. = 83.6 Polack) 351
 71 (5.528.4 L. = 83.7–8 Polack) 214
 85 (5.532.3 L. = 85.8 Polack) 351
 88 (5.532.7–9 L. = 85.13–86.1 Polack) 93
 88 (5.532.8–9 L. = 85.14 Polack) 351
 93 (5.534.7 L. = 86.16 Polack) 97
 96 (5.536.3–4 L. = 87.7–8 Polack) 169
 113 (5.546.5–6 L. = 90.8–9 Polack) 290
 123 (5.552.5–6 L. = 92.15–16 Polack) 351
 123 (5.552.8 L. = 93.2–3 Polack) 327
 124 (5.554.1–3 L. = 93.4–6 Polack) 93
 143 (5.562.8–10 L. = 95.17–96.2 Polack) 315
 147 (5.564.8–9 L. = 96.11–13 Polack) 292
 168 (5.572.3–4 L. = 99.7–9 Polack) 137 n.127
Prorrhetic II (Prorrh. II)
 1 (9.6.13–14 L. = 218.16–17 Potter) 378 n.107
 2 (9.8.11–20 L. = 220.19–220.5 Potter) 62
 2 (9.8.12 L. = 220.19–20 Potter) 378 n.107
 4 (9.16.4–5 L. = 228.26–27 Potter) 366
 4 (9.16.4–21 L. = 228.17–230.20 Potter) 199
 5 (9.20.16–19 L. = 234.23–236.2 Potter) 62 n.161
 9 (9.28.18–19 L. = 244 Potter) 47, 400
 10 (9.28.25 L. = 244.14–15 Potter) 95
 15 (9.40.14 L. = 256.3–4 Potter) 289 n.25
 27 (9.60.2–3 L. = 276.5–6 Potter) 321
 27 (9.60.2–3 L. = 276.5–6 Potter) 290
 29 (2.450.6–9 L. = 82.8–11 Joly) 146
 30 (9.62.21–64.1 L. = 280.1–2 Potter) 291
 31 (9.64.11–12 L. = 281.15–16 Potter) 220
 35 (9.66.16–18 L. = 282.23–5 Potter) 294
 37 (2.468.10–11 L. = 85.20–2 Joly) 48 n.114
 38 (2.474.2 L. = 86.18–19 Joly) 206 206
 40 (9.66.16–18 L. = 282.23–5 Potter) 363
 42 (9.72.24–25 L. = 290.15–16 Potter) 218 n.99
 42 (9.74.3–4 L. = 290.19–21 Potter) 289 n.26
 43 (2.480.10–11 L. = 88.19–20 Joly) 206
 69 (5.522.9–10 L. = 97.11–12 Joly) 179 n.23
Regimen in Acute Diseases (Acut.)
 4 (2.230.1–2 L. = 37.11–12 Joly) 395 n.154
 14 (2.332.8 L. = 57.24–5 Joly) 347 n.33
 42 (2.312.5–314.10 L. = 54.2–15 Joly) 74
 42 (2.312.5–314.10 L. = 54.2–15 Joly) 54

Prorrhetic II (Prorrh. II) (cont.)

42 (2.314.5–6 L. = 54.11 Joly) 329

43 (2.316.5–6 L. = 54.23–5 Joly) 396

Regimen in Acute Diseases, Appendix (Acut.Sp.)

1 (2.396.1 L. = 68.11–12 Joly) 47, 400

3 (2.398.13–14 L. = 69.18 Joly) 206

5 (2.406.7 L. = 71.9–10 Joly) 146

6 (2.402.10–404.8 L. = 70.16–24 Joly) 150

7 (2.406.4–9 L. = 71.6–11 Joly) 121

7 (2.406.5–11 L. = 71.8–14 Joly) 48 n.110

16 (2.424.14–426.5 L. = 75.20–6.1 Joly) 153, 398, 417

23 (2.440.9–11 L. = 79.11–14 Joly) 329

Regimen (Vict.)

1.1 (466.18–468.2 L. = 122.16–18 Joly-Byl) 229–414

1.5 (6.476.18–478.1 L. = 128.17–19 Joly-Byl) 205–415

1.7 (6.480.9 L. = 130.18–19 Joly-Byl) 205

1.8 (6.482.11–12 L. = 132.11 Joly-Byl) 415

1.11 (6.486.14–15 L. = 134.22–4 Joly-Byl) 177, 200 n.63

1.12 (6.488.8–13 L. = 136.10–14 Joly-Byl) 202 n.177, 229, 330–366

1.23 (6.494.22–496.4 L. = 140.17–23 Joly-Byl) 128

1.23 (6.496.1–3 L. = 140.20–2 Joly-Byl) 127–128

1.24 (6.496.5–19 L. = 140.24–142.5 Joly-Byl) 229–415

1.25 (6.496.21 L. = 142.6–7 Joly-Byl) 200 n.63

1.28 (6.500.23–502.22 L. = 144.15–146.5 Joly-Byl) 255

1.29 (6.504.3–4 L. = 146.8–9 Joly-Byl) 168 n.197, 201 n.154

1.35 (6.512.20–522.16 L. = 150.29–156.18 Joly-Byl) 189–410

1.35 (6.514.7 L. = 152.6–7 Joly-Byl) 189–410

1.35 (6.516.12–14 L. = 152.32–3 Joly-Byl) 323 n.114

1.35 (6.520.7 L. = 154.27 Joly-Byl) 229–415

1.35 (6.520.19 L. = 156.3–5 Joly-Byl) 241–244

1.35 (6.522.10–12 L. = 156.14–15 Joly-Byl) 177

1.36 (6.522.22–524.3 L. = 156.23–7 Joly-Byl) 341–342

1.36 (6.524.3 L. = 156.27 Joly-Byl) 341–342

1.36 (6.524.4–10 L. = 156.28–32 Joly-Byl) 371 n.84

2.58 (6.572.1–2 L. = 182.7–8 Joly-Byl) 229–414

2.61 (6.574.19–576.6 L. = 184.8–16 Joly-Byl) 127

2.61 (6.576.4–5 L. = 184.14–15 Joly-Byl) 200 n.87

2.89 (6.648.19–650.2 L. = 222.28–30 Joly-Byl) 101, 288 n.87

3.68 (6.596.9 L. = 196.16–17 Joly-Byl) 229

3.68 (6.600.6–9 L. = 198.12–15 Joly-Byl) 201–406

3.71 (6.610.8 L. = 204.3 Joly-Byl) 199–201

3.73 (6.614.8–9 L. = 206.4–5 Joly-Byl) 229

3.84 (6.634.16–20 L. = 216.16–19 Joly-Byl) 112

4.86 (6.640.12–13 L. = 218.9–10 Joly-Byl) 229

4.86 (6.640.8–10 L. = 218.7–8 Joly-Byl) 201 n.154

4.86 (6.640.8–15 L. = 218.7–12 Joly-Byl) 412

4.86 (6.640.8–16 L. = 218.3–13 Joly-Byl) 202

4.87 (6.642.2–3 L. = 218.16–17 Joly-Byl) 205–415

4.88 (6.642.15–17 L. = 220.4–5 Joly-Byl) 205

4.88 (6.642.17–19 L. = 220.5–7 Joly-Byl) 303

4.88 (6.644.2–3 L. = 220.10 Joly-Byl) 127

4.89 (6.644.13–14 L. = 220.19–20 Joly-Byl) 303

4.89 (6.648.6–8 L. = 222.18–19 Joly-Byl) 303

4.89 (6.648.19–20 L. = 220.28–9 Joly-Byl) 40–109, 128, 303, 358

4.90 (6.652.23–654.2 L. = 224.29–31 Joly-Byl) 109–333

4.92 (6.658.13–22 L. = 228.12–19 Joly-Byl) 199–201

4.93 (6.660.1–3 L. = 228.20–2 Joly-Byl) 201–406

4.93 (6.660.8–16 L. = 228.26–230.2 Joly-Byl) 202 n.177

4.93 (6.660.10 L. = 230.2 Joly-Byl) 168 n.197

4.93 (6.660.1–662.9 L. = 228.20–230.12 Joly-Byl) 303

On Regimen in Health (Salubr.)

8 (6.84.23–86.6 L. = 220.1–7 Jouanna) 101, 288 n.87

Sacred Disease (Morb.Sacr.)

1 (6.362.3–6 L. = 8.10–13 Jouanna) 356

1 (6.354.4–9 L. = 3.8–15 Jouanna) 300–301

1 (6.358.19–362.6 L. = 7.3–8.13 Jouanna) 384

1 (6.360.9–62.6 L. = 7.17–8.13 Jouanna) 360

1 (6.362.3 L. = 8.8–9 Jouanna) 147

2 (L. 6.364.15 = 10.11–12 Jouanna) 62 n.161

4 (6.368.1–9 L. = 12.10–20 Jouanna) 193 n.49

5 (6.368.11–2 L. = 12.21–2 Jouanna) 63 n.162

7 (6.372.5–8 L. = 14.23–15.3 Jouanna) 104, 145, 150

7 (6.374.9–13 L. = 16.9–14 Jouanna) 147

- 8 (6.376.4–5 L. = 17.7–8 Jouanna) 150
 9 (6.376.21–2 L. = 18.10–12 Jouanna) 413
 10 (6.380.1–4 L. = 20.1–5 Jouanna) 357
 12 (6.382.19–384.3 L. = 22.13–23.5 Jouanna) 356, 406
 14 (6.386.15–387.3 L. = 25.12–26.9 Jouanna) 33
 14 (6.386.15–17 L. = 25.12–15 Jouanna) 136
 14 (6.386.17–19 L. = 25.15–17 Jouanna) 280
 14 (6.386.20–1 L. = 26.1–2 Jouanna) 280
 14 (6.386.23 L. = 26.5–6 Jouanna) 356
 14 (6.388.1–3 L. = 26.7–9 Jouanna) 412
 14 (6.386.17–21 L. = 25.15–26.2 Jouanna) 394
 15 (6.388.13–16 L. = 27.7–10 Jouanna) 57, 136, 162–163, 225, 368, 383
 15 (6.388.21–4 L. = 28.4–7 Jouanna) 368, 409
 15 (6.390.6–7 L. = 28.14–29.1 Jouanna) 93 n.34, 383
 16 (6.390.10–15 L. = 29.4–11 Jouanna) 35, 107
 16 (6.390.13–16 L. = 29.8–12 Jouanna) 280
 16 (6.390.19 L. = 29.16 Jouanna) 411
 17 (6.392.4 L. = 30.2 Jouanna) 280
 17 (6.392.5–13 L. = 30.4–15 Jouanna) 399–400
 17 (6.392.6–19 L. = 30.3–17 Jouanna) 38, 47, 365–366
 17 (6.392.21–394.1 L. = 31.6–7 Jouanna) 280, 400
 18 (6.390.4–8 L. = 28.12–29.2 Jouanna) 301
Seven (Hebd.)
 14.90 (8.641.10 L. = 23.90 Roscher) 219 n.169
 19.8–9 (8.643.9 L. = 29.8–9 Roscher) 288 n.169
 23.51–2 (8.646.12 L. = 37.51–2 Roscher) 326 n.169
 28 (8.653–4–5 L. = 49.23–4 Roscher) 288 n.169
 51.84–9 (8.670.15–17 L. = 76.84–9 Roscher) 293, 294 n.41
 51.105–8 (8.670.15–17 L. = 77.105–8 Roscher) 349 n.178
 52.2–3 (8.672.23–3 L. = 79.2–3 Roscher) 288 n.169
 52.20–8 (8.672.29–673.2 L. = 79.20–8 Roscher) 207–392
On Sight (Vis.)
 7 (9.158.12–15 L. = 44.1–4 Craik) 285 n.18
 9 (9.158.19–160.16 L. = 44.8–46.5 Craik) 98
 9 (9.160.14–15 L. = 46.3–5 Craik) 98
On Wounds of the Head (VC)
 11 (76.8–9 Hanson = 3.220.16–17 L.) 292
 14 (82.12–13 Hanson = 3.238.13–14 L.) 292 n.38
 Hyginus (Hyg.) *Fabulae*
 132 221 n.106
 Homer (Hom.)
Iliad
 1.101–5 80–81
 1.199–200 81
 2.216 139 n.135
 6.200–2 159
 12.466 81
 13.474 94
 14.359 178 n.17
 16.333–4 82
 23.476–7 82
 23.698 413
 24.41 82 n.20
Odyssey (Od.)
 4.220–1 221 n.106
 4.661–2 347 n.32
 4.758 81
 4.787–90 188
 6.130–2 81
 18.201 178 n.17
 18.370 79 n.72
 20.56–7 170
 20.345–54 78, 306–307, 367 n.107
 23.343 170
 21.376–7 367 n.77
 Lucretius
De Rerum Natura
 3.152–60 73 n.4
 4.1058 73 n.4
 Menander (Men.)
Aspis
 344–9 19, 364 n.70
 Parmenides 8 B 18 D.–K. 256
 Plato
Charmides
 153b 241 n.157
 156d–e 20
Euthyphron
 3b–c 378 n.108
Gorgias
 447a5 241 n.157
Laws
 934c 19, 378 n.110
 934d–e 20
Phaedrus
 68a3–7 272 n.222
 244b7 378 n.110
 244d–e 62 n.160
 265a9–10 19

- Plato (*cont.*)
Symposion
 186c–d 376
 191e 256 n.189
Theaetetus
 157e–8a 275–276
Timaeus 39, 57 n.142
 45b–d 79 n.16
 45e–6a 299 n.59
 67c–d 79 n.16
 86b 1–7 19
 86c3–d1 230
 [Plato]
Alcibiades (Alc.)
 2 140c–d. 325
 Pliny
Natural History (Nat.Hist.)
 21.76 221 n.106
 Plutarch (Plut.)
Alexander
 23.9–10 191 n.43
 Rufus
Quaestiones Medicales
 204.28–9 223 n.111
 Sappho
 Fragment 31 Voigt 73 n.4, 129–131, 374–375
 Fragment 130 Voigt 170, 374 n.97
 Sextus Empiricus, *Adversus Mathematicos*
 (*Adv.Math.*) 8.5 89 n.30
 Sophocles (Soph.)
Ajax
 40 268
 51–2 85
 69–70 85
 301–4 367
 323–6 189
 447–8 85
 717–19 268
Antigone (Ant.)
 469–70 252
 524–5 252
 555 252
 575 252
 750 252
 760–61 252
 781–801 252
 806–16 252
 891 252
 1234–41 253
Trachiniae (Trach.)
 1053–7 268–269
 1054–5 107 n.71
 1103 171
 1118 268
Oedipus Tyrannus (OT)
 727 162 n.180
Philoctetes (Phil.)
 821–37 184, 185
 Soranus (Sor.)
Gynecology (Gyn.)
 1.53.51–52 (= 38.21–30 Ilberg) 220 n.102
 Strabo
 3.25 (=109.6 Ilberg) 264 n.208
 12.3.18 221 n.106
 Theophrastus (Theoph.)
Περὶ ἰλίδων (Vért.)
 1, 184.1– 2 Sharples 295
Περὶ ἐνθουσιασμοῦ (-ῶν)
 fr. 88 and 90 Fortenbaugh 385
 fr.328.9a FHS&G 156
 fr. 726 A FHS&G 385 n.128
 Thucydides (Thuc.)
 2.49.8 410
 Xenophon (Xen.)
Anabasis
 4.8.18 221 n.106
Cyropaedia (Cyr.)
 1.5.12 190 n.43
 4.5.4 190 n.43
 5.2.17 190 n.43
Hyero
 1.17–25 191 n.43

Index of Greek Words

In view of the volume of Greek texts considered, this index verborum does not aim to cite every occurrence of the terms in question; rather, it lists only those occurrences of the terms which are particularly significant.

- ἄγαλμα, τό 392
 ἄγνοέω 50
 ἄγνοια, ἡ 50
 ἄγνωσία, ἡ 412
 ἄγριος, -α, -ον 343
 ἀγρυπνέω 179
 διαγρυπνέω 179
 ἀγρυπνία / -η, ἡ 158, 179
 ἀγρυπνιος, -ον 165, 179
 ὑπάγρυπνιος, -ον 179
 ἀγρόνη, ἡ 106
 ἀγχω 90, 106 n.69, 228
 ἀγωνία, ἡ 358
 ἀγωνιάω 358
 ἄδιψος, -ον *See* δίψα
 ἀδυναμία / -η, ἡ 148, 299
 ἀέκων / ἄκων, *See* ἑκών
 ἄερ, ὁ 35
 ἀηδία / -η, ἡ 211, 211 n.89, 213
 ἄθυμ- *See* θυμός
 αἰδοῖα, τὰ 245
 αἰδώς, ἡ 361
 αἷμα, τό 36
 αἰμωδία, ἡ 321
 αἰμωδιάω/αἰμωδιέω 321
 αἰσθάνομαι 175 n.5, 394
 αἰσθησις, ἡ 127, 128, 278 n.10
 ἀναισθησία, ἡ 327
 ἀναίσθητος, -ον 121
 αἰσσω 147
 αἰσχρομυθεῖω 148 n.148
 αἰσχύνη, ἡ 87, 343, 360
 αἰσχύνομαι 36, 361
 αἰτία / -η, ἡ 20, 126, 147, 197 n.60, 207, 310, 341, 371, 397
 αἴτιος, -α, -ον 126
 αἶτω 283 n.16
 ἄκαιρος, -ον 163
 ἀκοή, ἡ 310, 314
 ἀκούω 280
 ἀκρασία / -η, ἡ 21, 150, 202, 369, 369 n.81, 382
 ἀκροπτις 119, 155
 ἀλγέω 278 n.10
 ἄλλοδημία, ἡ 105, 305
 ἄλλοῖος, -α, -ον 304, 413
 ἄλλοιόω 281, 301
 ἄλλοτριος, -α, -ον 78, 130, 307, 326, 367
 ἄλλοιόω 281, 301
 ἄλλοφάσσω 93, 184, 265, 295
 ἄλλοφρονέω 50, 413
 ἀλόγιστος, -ον 21
 ἀλύκη, ἡ 156, 358 n.55
 ἄλυσμός, ὁ 92, 123, 156, 217, 358 n.55
 ἄλύσσω 124
 ἄλύω 148, 156, 358 n.55
 ἄμαυρός, -άς, -όν 290
 ἄμαυρόω 288
 ἀμβλυωπία, ἡ 285 n.18
 ἀμβλυωσιμός 289, 290
 ἀμβλυώσσω 94, 170 n.200, 278, 289 n.26
 ἀμύσσω 152
 ἀναγκαῖα, τὰ 228
 ἀνάγνωσις, ἡ 127
 ἀναισθ- *See* αἰσθ-
 ἀναίσσω 157 n.169
 ἀναμιμνήσκω 408
 ἀνανδρία, ἡ 259
 ἄναρθρος, -ον 171
 ἀναυδία / -η, ἡ 91, 120, 133, 134
 ἄναυδος, -ον 133
 ἀνδρόβουλος, -ον 262, 262 n.203
 ἀνδρόγυνος, ὁ 255, 257 n.190
 ἀνδρόφρων, ὁ / ἡ 262 n.203
 ἀνδρόω 261
 ἀνέλπιστος, -ον *See* ἐλπῖς

- ἀνέχω 380
 ἄνηρ, ὁ
 παρὰ τὸν ἄνδρα εἶμι 238
 τὸν ἄνδρα προσήμι 248
 ἀνία / -η, ἡ 136, 226 n.117, 365, 409
 ἀνιάομαι 364 n.71, 368
 ἀνταυγέω 80, 80 n.17
 ἀπάγχω 227 n.122
 ἀπαλλαγή, ἡ
 ἀπαλλαγή βίος, ἡ 272
 ἀπαστος, -ον 188
 ἀπάτη, ἡ 367,
 ἀπαυδάω 371
 προαπαυδάω 372
 ἀπλοῦς, -ῆ, -οῦν 126, 341
 ἀποκρίνομαι 417
 ἀπομακκώ 266 n.214
 ἀποπληξία, ἡ 294
 ἀπορία / -η, ἡ 148, 369
 ἀπορρίπτ- See ρίπτ-
 ἀποσιτή, ἡ 158, 204, 206, 213
 ἀπόσιτος, -ον 204, 206, 213
 ἀποψυχή, ἡ See ψυχή
 Ἄρης, ὁ 147
 ἀτρεμέω 163
 (οὐκ) ἀτρεμαῖος, -η, -ον 137 n.128, 162–408
 (οὐκ) ἀτρεμαῖος, -η, -ον 162, 225
 ἀτρεμής, -ές, 162
 (οὐκ) ἀτρεμέως 123, 239
 (οὐκ) ἀτρεμίζω 160 n.184, 162, 163
 ἀσαφής, -ές 119
 ἀσάφεια, ἡ 417
 ἄση, ἡ 211, 211 n.90
 ἀσιτέω 204, 206
 ἀσιτή, ἡ 183, 204, 206
 ἄσιτος, -ον 188, 204, 206, 213
 ἄσθμα, τό 146, 178 n.14
 ἀστραπή, ἡ 94, 294
 ἄσυν- See σύν-
 ἀσώδης, -ες 169, 211
 ἀτρεκής, -ες 416
 αὐγή, ἡ 288
 αὐδή, ἡ 132
 αὐτός, -ή, -όν / ἑαυτοῦ, ἧς, οὗ / ἑωυτοῦ, ἧς, οὗ
 ἄφ' ἑωυτῶν 379
 ἐξ αὐτοῦ 413
 παρ' ἑαυτῷ 414
 οὐ παρὰ ἑωυτῷ εἰμί 138
 ἄφεις 408
 ἀφή, ἡ 323 n.114
 ἀφήμι 368
 ἄφοδος, ἡ 138
 ἀφρίζω 110
 ἀφροδίσια, τὰ 222, 238
 ἀφροδισιάζω 264 n.210
 ἀφρονέω 50
 ἀφρός, ὁ 147, 232 n.130
 ἀφρώδεια ἐμέω 110
 ἀφροσύνη, ἡ 41, 50
 ἀφρων, -ον 50
 ἀφωνία, -η 120, 133, 134
 ἀφωνος, -ον 101, 133, 135
 ἄχθομαι 248, 249, 279
 ἀχλὺς, ἡ 327
 ἀχλυώδης, -ες 290
 βακχεύω 269
 βάρος, τό 165
 κεφαλῆς βάρος 181, 194 n.50
 κατὰ ῥίνας βάρος 289, 319
 βαρυηκοέω 313
 βαρυηκοῖα, ἡ 294, 313
 βαρυήκοος, -ον 313
 βαρύνω 326, 327
 βαρύς, -εῖα, -ύ 326
 βδελύσσομαι 183, 210
 βήξ, ὁ 150
 βλέπω 90, 280, 287
 ἀναβλέπω 91
 ἐμβλέβω 288
 περιβλέπω 92
 οὐκ ὄξεια βλέπω 287
 βληστρισμός, ὁ 147
 βλητός, ὁ 48
 βοάω 135, 158 n.172, 213, 368
 βοή, ἡ 135
 βόρος, ὁ 216
 βραγχώδης, -ες 140
 βραδύς, -εῖα, -ύ 323 n.114, 341, 403
 βραδυτής 142
 βραχυπότης, -ον 219
 βρέγμα, τό 151
 βρυγμός, ὁ 110 n.79, 236
 βρύκω 111, 184 n.34
 βρῦτος, ὁ 221 n.106
 γαργαλίζω 326
 γαστήρ, ἡ 151
 ἐπὶ γαστέρα 165
 γελάω 367 n.77
 γέλως, ὁ 180, 366–368
 γιγνώσκω 393, 396, 406
 γλαμυρός, -ά, -όν 94
 γλαυκώσις, ἡ 285 n.18, 313
 γλῦφω 153
 γλώσσα, ἡ 119
 γλώσσα ἐρυθρή 119
 ταχύγλωσσος, -ον 137
 γνάθος, ὁ / γνάθος, ἡ 77, 78, 108 n.73, 111,
 269, 306
 γνώμη, ἡ 131, 183, 393, 395, 396, 398, 406,
 407
 γόος, ὁ 78, 81, 307, 367
 γραφεῖον, τό 196

γυναικεῖος, -α, -ον 155, 257, 259, 261

γυναικίζω 259, 262

γυναικομανία, ἡ 264 n.208

γυναικῶς 261, 262

δαίω 81, 94

δάκνω 154

δάκρυν, τό 177

δακρύω 96 n.45

δάκτυλος, ὁ 150

δεῖδω / δεῖδια 288

δεῖμα, τό 300, 353

διαγγέλλω 280

διαγιγνώσκω 280, 415

δαίαιτα, ἡ 55, 65, 126, 191 n.45, 205, 341

διακρίνω 34, 279, 394

διαλέγομαι 119, 132 n.116

διαλεκτικός, -ή, -όν 346

διάλεκτος, ἡ 128, 132

διαλυτικός, -ή, -όν 314

διαλύω 167

διανόημα, τό 177

διάνοια, ἡ 22, 392, 393, 396

παράτροπή τῆς διανοίας 264 n.208

διαστρέφω 95, 97 n.47, 145

διάστροφος, -ον 86, 95 n.40, 113

διάφραξις, ἡ 37

διέξοδος, ἡ 127, 282

δίμορφος, -ον 257 n.190

δῖνος, ὁ 90

δίψα, ἡ 124, 203

ἄδιψος, -ον 213

διψάω 331, 357

διψώδης 227 n.120

δοκεῖ 194 n.51

δόλιος, -α, -ον 126

δύναμις, ἡ 392

δόξα, ἡ 300, 307

δυσάνιος, -ον 51

δυσασπάλλακτος, -ον 291

δύσελπις, ἡ *See* ἐλπὶς

δυσεργία, ἡ 199, 291

δυσθυμ- *See* θυμός

δυσκινησία / -η, ἡ 295

δυσκολία, ἡ 22

δυσμενής, ἐς 126

δύσμορος, -ον 253

δύσοργος, -ον 268

δυσφορέω 358 n.55

δυσφορία, ἡ 92, 157, 358 n.55

δυσφοροσύνη, ἡ 34, 136

ἔγερσις ἡ 179

διέγερσις ἡ 179

ἐγείρω

ἐξεγείρω 179

ἐπεγείρω 179

ἐγκαλύπτω 360

ἐγκέφαλος, ὁ 34, 35, 37, 145, 233, 316, 319 n. 107, 391

ἐδητύς, ἡ 188

ἐθέλω 90, 184 n.34, 210, 349

ἔθος, τό *See* ἥθος

εἰδωλον, τό 296, 307

εἰκών, ἡ 297 n.52

εἴλω 156, 358 n.55

εἶμα, τό 164

ἐκγρήγορος, ἡ 179

ἐκμαίνω *See* μαίνομαι

ἐκπικραίνομαι 211

ἐκστασις, ἡ 50, 116

ἐκστατικός, -ή, -όν 160

ἐκφρων, -ον 50

ἐκών, -οὔσα, -όν 99, 230, 333

ἀέκων / ἄκων, -οὔσα, -όν 99, 333

ἐλίσσω 86, 113

ἔλκω 34

ἐλλεβορίζω 221 n.106

ἐλλεβοροδότης 221 n.106

ἐλπίζω 332, 387 n.133

ἀνελπίζω 362

ἐλπίς, ἡ 370

ἀνέλπιστος 377

δύσελπις, ἡ 362

ἐλύω 156, 358 n.55

ἐμβλεψις, ἡ 90, 91, 92

ἐμβρόντητος, -ον 280

ἐμμανής, -ές 270

ἐμφρονέω 77 n.12, 102

ἐμφρονώδης, -ες 90

ἔμφρων, -ον 50, 90, 218

ἐνειμι 180 n.28

ἐνθεαστικός, -ή, -όν 156, 384

ἐνθουσιασμός, ὁ 385

ἐννόημα, τό 393

ἐννοος, ὁ *See* νοῦς

ἐνύπνιον *See* ὕπνος

ἐξαίφνης 133

ἐξαπίνης 133

ἔξις, ἡ 80 n.18, 225 n.117, 316

ἐξίσταμαι 50

ἐξονειράζω 235

ἐξονειρόσσω 216, 233

ἐπιγιγνώσκω 410

ἐπιθυμία, ἡ 202, 213

γῆς ἐπιθυμία 219

ἐπικοιμάομαι *See* κοιμάω

ἐπικοιμήσις, ἡ 179

ἐπιληπτικός, -ή, -όν 48

ἐπίληπτος, -ον 121

ἐπιληρέω 50

ἐπιλήσμων, -ον 409

ἐπιστρέφομαι 165

ἐρεύθομαι 93 n.34

ἔρευθος, τό 77, 89, 101, 121, 211, 417 n.198

- ἐρῆμος, -ον 360
 ἐρμαφρόδιτος, ὁ 257 n.190
 ἐρμηνεύς, ὁ 35, 280
 ἐρπετόν, τό 106
 ἔρπω 201
 ἀνέρπω 201 n.65
 εἰσέρπω, 201 n.65
 ἐξέρπω 201 n.65
 ἔρριψις, ἡ 167
 ἔρω, ὁ 41, 376
 ἔρωτάω 90, 283 n.15, 325, 379, 380
 εὔδω 179
 καθεύδω 179
 ἐφιάλτης, ὁ 300, 302 n.61
 εὐθυμ- *See* θυμός
 εὐνή, ἡ 248
 εὐνους, -ουν 126
 εὐφροσύνη, ἡ 365

 ἦδομαι 279
 ἦδονή, ἡ 233, 278 n.10
 ἦθος, τό 382 n.121
 τό τῆς ψυχῆς ἦθος 225 n.117
 ἡλίθιος, -α, -ον 280, 403 n.172
 ἡπιαλώδης, -ες 302
 ἡσυχία / -η, ἡ 369
 ἡσυχος, ὡν 136, 189, 225, 239
 ἡχέω 312
 ἡχος, ὁ 289, 290, 314

 θανατώδης, -ες 112
 θέαμα, τό 284
 θῆλυς, -εια, -υ 257 n.191
 θηρίον, τό 106
 θηριώδης, -ες 220
 θνήσκω 248
 θορυβώδης, -ες 199
 θράσος, τό 349
 θρασύνω 93, 372
 θρασύς, -εῖα, -ύ 168 n.197, 351, 387, 387 n.133
 θύμος, ὁ 421
 ἀθυμέω 288
 ἀθυμία / -η, ἡ 221 n.106, 328
 δυσθυμία / -η, ἡ 199, 291, 295, 328, 362, 372
 εὐθυμία, / -η, ἡ 366
 εὐθυμος, -ον 199
 θώρηξις, ἡ 222

 ἱατρός, ὁ 20, 299
 ἰδιώτης, ὁ / ἡ 404 n.173
 ἰδρύσις, ἡ 167
 ἰδρύω 167
 ἰδρώς, ἡ 37, 41, 113, 130, 185, 343
 ἰμάτιον, τό 151, 216
 ἰμείρω 235
 ἰλιγγιάω 295
 ἰλιγγος, ὁ 96, 285 n.18, 294

 ἰλλαῖνα 96, 294
 ἰλλώδης, -ες 93

 καθαρός, -ά, -όν 88, 94, 200
 κακία, ἡ 383, 384
 κακός, -ή, -όν 384
 κακούμενος 139
 κατάκλασις ἡ 167
 καταλύω 109
 κατανόεω 50
 καταπλήξ, ἡ 399 *See* ὄμμα
 καταρρακώω 171
 καταρτάω 153, 168
 καταφέρω 91
 καταφορή / -ά, ἡ 180 n.28, 326, 327, 387 n.133
 κατέχω 180, 358 n.55
 καρδαμύσσω 96
 καρδία, -η ἡ 37 n.65
 κερηβαρίη, ἡ 294, 326
 κερηβαρικός, -ή, -όν 326
 κάρως, ὁ 326
 κάρωω
 (ὑπο-) κάρωω 179 n.25, 326, 358 n.55
 καρώδης, -ες 179 n.25, 326
 ὑποκαρώδης, -ες 179 n.25
 κατάκλασις, ἡ 167
 καταφορή, ἡ 326
 κέντρον, τό 195
 κένωσις, ἡ 204, 376
 κεφαλαγωγία / -η, ἡ 152, 183, 222 n.108
 κεφαλῇ, ἡ 168 n.194, 179 n.19, 181, 193, 194 n.50, 286, 291
 κεφαλὴν ὑποσεῖω 155
 κῆρ, ἡ 37 n.65
 κίνησις, ἡ 182
 πυκνὴ κίνησις 92
 κλαγγή, ἡ 139
 κλαγγώδης, -ες 141
 κλαῖω 169
 κλαυθμός, ὁ 135
 κλαυθμώδης, -ες 290 n.31
 κλίνω 165
 κλισίη, ἡ
 κλισίη ὑπτίη, ἡ 165
 κοιλίη, ἡ 146, 153, 164 n.187, 218
 κοιμάω 164
 ἐπικοιμάομαι 179
 κομάω 178
 κόπτω 151
 κόρη, ἡ
 αἱ κόραι σκίδναιται 293
 ἡ κόρη σχίζεται 279
 κόσμιος, -α, -ον 162, 168 n.197, 351 n.40, 387
 κουφίζω 154
 κραιπάλη, ἡ 222
 κρᾶτα, τό 155
 κρίσις, ἡ 166

- κροκύς, ἡ 153
 κυνάγχη, ἡ 101 n.56, 120
 κυρκανάω 248
 κύων, ὁ 89
 κῶμα, τό 178
 κωματώδης, -ες 178
 κωφός, -ή, -όν 281, 311, 311 n.90, 313
 κώφωμα, τό 312
 κώφωσις, ἡ 312
 κωφότης, ἡ 312
- λαγνείη, ἡ 238,
 λαγνεύω 238
 λακτίζω 148
 ἐκλακτίζω 146
 λαμπετάω 81
 λαμπρός, -ά, -όν 93
 λαμπρότης, ἡ 140
 λάμπω
 ἐκλάμπω 93
 λέγω
 πολλά λέγω 416
 παραλέγω 416
 λειποθυμία, ἡ 124
 λειποψυχ- See ψυχή
 λεύσσω 83
 λήθαργος, ὁ 48, 178 n.14
 λήθη/ Λήθη, ἡ 166 n.190, 188, 221 n.106,
 408
 ληρέω 50
 λήρησις, ἡ 50
 λήρος, ὁ 50, 101, 152
 λίθος, ὁ 220, 318 n.103, 319 n.104, 322,
 379 n.110
 λιμαγχέω 199
 λιμαγχικός, -ή, -όν 206 n.71
 λιμός, ὁ 203, 205
 λιμώδης, -ες 206
 λογίζω 415
 λογισμός 393
 λόγος, ὁ 132, 310, 416
 λόγοι πολλοί 180
 λυπέω 278 n.10
 λύπη, ἡ 362, 363–364, 375
 λυσιμελής, -ές 374
 λυσισωματέω 170 n.200
 λύσσα, ἡ 269
 λυσσώδης, ἐς 19 n.208
 λύω
 ἐκλύω 169
- μάθησις, ἡ 407
 μαίνομαι 50
 ἐκμαίνω 50, 183, 266 n.214
 προσεκμαίνομαι 243
 ὑπομαίνομαι 50, 59, 281
 μαλακός, -ή, -όν 140
- μαλθακός, -ή, -όν 139
 μανδραγόρας, ὁ 222 n.106
 μανία / -η, ἡ 49, 50, 120, 152, 271
 γυναικομανία, ἡ 19 n.208
 μανικός, -ή, -όν , 50, 112, 135
 μανικῶς 92
 μανιώδης, -ες 50, 184
 μανιωδῶς 139 n.136
 μαρμαρυγή, ἡ 294
 μαρμαρυγώδης, ἐς 98
 μέθη, ἡ 123, 222
 μεθύω 222 n.109, 293
 μείγνυμι 236 n.141, 238
 μελαγχολία, -η, ἡ 49–50, 57, 197–8 n.60, 351,
 363, 384, 392
 μελαγχολικός, -ή, -όν, 49–50, 105 n.67,
 135, 137–8, 147, 183, 225, 348, 392
 μελαγχολικῶς, 289, 319
 μελαγχολικῶς, 80
 μένις, ἡ 80
 μένος, τό 234 n.136
 μέριμνα, ἡ 40, 303
 μεταβολή, ἡ 163
 μιμησκω 408
 μίξις, ἡ 238
 μνήμη, ἡ 131, 407
 μνημονικός, -ή, -όν 410
 μοχθηρός, -ά, -όν 21, 322
 μνία, ἡ 153
 μωρία, ἡ 252
 μωρόομαι 327
 μώρωσις, ἡ 311, 311 n.91, 327, 328
- νάρκη, ἡ 179 n.25, 288, 326, 327
 ναρκώω 179 n.25, 326
 ἀποναρκώω 326
 καταναρκάομαι 326
 ναρκώδης, -ες 179 n.25, 326
 (ἀπο-) νάρκσις 326
 νεκρώδης, -ες 91
 νεόγαμος, -ον 231
 νεστεύω 206
 νῆστις, ὁ / ἡ 198 n.60, 206
 νοέω 280, 394
 νοσέω 257 n.191, 330, 348 n.34, 399
 νόσημα, τό 300, 376
 νόσος / νοῦσος, ἡ 46, 271, 420
 νοῦσος ἡρακλείη 48
 νόσος ἱερή 48
 νοῦσος θήλεια ἡ 257 n.191
 νόσος μέλαινα ἡ 195
 νοῦς, ὁ 395
 ἔννοος, -ον 290, 379
 νυγμός, ὁ 183
 νυκτάλωψ, ἡ / ὁ 285 n.19
 νυμφεῖον 252
 νυμφεύω 252

- νυσταγμός, ὁ 179 n.25
 νυστάζω 179 n.25
 νωθρεύω 179 n.25, 327, 328
 νωθρία / -η, ἡ, 179 n.25, 327, 328
 νωθρός, -ά, -όν 179 n.25, 327, 328, 404 n.173
 νωθρώδης, -ες 179 n.25, 327, 328

 ξυν- / ξυγ- See συν-/συγ-
 ξηρός, -ά, -όν 83, 102, 149 n.149, 403
 ὑπόξερως 119
 ξύω 154

 ὀδμή, ἡ 164
 ὀδοῦς, ὁ 101, 103, 111, 111 n.80, 184 n.34, 196, 210, 321, 321 n.110
 ὀδυνάω 149 n.149, 185, 218 n.99
 ὀδύνη, ἡ 147
 οἶδα 237 n.143, 414
 σύνοιδα 411 n.188
 οἶνος, ὁ 223, 224, 225, 225 n.115, 226 n.117, 315 n.92
 οἶνός 137
 οἰστρήλατος, ὄν 161
 οἶστρος, ὁ 195
 ὀλιγοψυχία, ἡ See ψυχία
 ὄμμα, τό
 ὄμματα ἀμαυρούμενα 290
 διεστραμμένα ὄμματα 95
 καταπλήξ ὀμμάτων, ἡ 91, 134 n.121
 ὄμματα κοῖλα 92
 ὀμμάτων στάσιες 108
 ὄναρ, τό 284, 300
 ὀνειρώσσω 242 n.159
 ὀξυθυμία /-η, ἡ 349, 350
 ὀξύθυμος, -ον 126
 ὀξυρεγμία, ἡ 198 n.60
 ὀξύς, -εῖα, -ύ 90, 313
 ὀπισθότονος, ὁ 48
 ὀράω 282
 οὐκ ὀξέα ὀράω 287
 ἀτενές (ἐν)οράω 77, 90
 ἀνοράω 89
 ὀργάω 347–349
 ὀργή, ἡ 347–349, 350, 352, 375
 ὀργίζομαι 347–349
 ὄρεξις, ἡ 346, 346 n.26, 346 n.29
 ὀσμή, ἡ 216, 229, 244, 316, 318 n.103, 319
 ὄσσε, τό 78, 81, 82, 367
 οὖς, το 136, 279, 311 n.89, 312
 τά ὦτα τρίζω, 279
 ὀφθαλμός, ὁ
 ἀνατείνω τοῦς ὀφθαλμούς 89
 ὀφθαλμός καταπλήξ 91
 ὀφθαλμῶν στέρησις 289 n.26
 διαστροφή ὀφθαλμῶν ἡ
 ὀφθαλμία, -η, ἡ 215, 218
 ὄφθις, ὁ 227
 ὀχλέω 246, 371
 ὄχλος 391
 ὀψις, ἡ 284, 300

 πάθος, τό 80 n.18, 344
 παιδάριον, τό 135
 παιδία, / -η, ἡ 136
 παιδίον, τό 146, 151
 παιδοκτόνος, -ον 150
 παραισθάνομαι 276
 παρακοπή, ἡ 51, 147
 παρακόπτω 51
 παρακούω 276
 παράκρουσις, ἡ 51, 142, 146 n.147, 152
 παρακρουστικός, -ή, -όν 51
 παρακρούω 51
 παρακυνάγχη, ἡ 104
 παραλέγω 101
 παραληρέω 50, 180 n.28
 παραλήρησις, ἡ 50, 77, 92, 119, 138, 182
 παράληρος, -ον 50
 παράλογος 152, 172
 παρανοέω 50, 95
 παράνοια, ἡ 50
 παράνοος, -ον 49–50,
 παραπλήξ, ἡ 121
 παραφέρω 50, 166, 182
 παράφορος, -ον 50
 παραφρονέω 50
 παραφρόνησις, ἡ 50, 392
 παραφροσύνη, ἡ 50, 55 n.139, 74
 παραχρήμα 133
 πάρεσις, ἡ 166
 παροράω 276
 παχύ, τό 48, 305
 πείθομαι 134, 281, 309, 364, 413 n.190
 πεινάω 331
 περίβατος, ὁ 358 n.56
 περιπατέω 288
 περιπλευμονία, ἡ 148, 178 n.14
 περιστέλλομαι 154, 242, 360
 πηγῆ, ἡ 396
 πικρός, -ά, -όν 248, 320, 362
 πίνω 202, 206, 216, 217, 218
 πίτυλος, ὁ 150 n.155
 πλανάτις, ὁ 157 n.169, 209
 πλάνος, -ον 34, 301, 412
 πλάτος, τό 58
 πλευρίτις, ἡ 178 n.14
 πλήρωσις, ἡ 204
 πλησμονή, ἡ 203, 204, 376
 πλεσμοσύνη, ἡ 204 n.69
 πνεῦμα, τό 128
 πνιγμός, ὁ 111

- πνίγω 103, 110
 πνίξ, ἡ, 142, 290
 ὑστερική πνίξ ἡ 62, 103
 πο/ουλύς, -ή, -ύ 158
 πόμα, τό 138, 203, 205, 218
 πονέω 278 n.10
 πονηρός, -ά, -όν 91, 121, 139, 141 n.140, 206, 329, 387
 πόνος, ό 116 n.92, 164 n.187, 177, 185 n.36, 281, 283 n.15, 309 n.82, 320
 πόρος, ό 126, 341
 πότος, ό 222
 πραγματεύομαι 152
 πρίσις, ἡ 112
 προαίρεσις, ἡ 99, 132 n.116
 ἀπροαιρέτως 99
 προσήμι 238
 πρόσοψις, ἡ 83, 85
 πρόσωπον, τό 78, 189, 296
 πτύαλον, τό 105
 πτύσμα, τό 55, 109

 ῥαθυμία, ἡ 344
 ῥάθυμος, -ον 126
 ῥέγχος 101
 ῥέγκω 101
 ῥεγχώδης, -ες 102, 102 n.59
 ῥιπτάζω 148
 ῥιπτασμός, ό 148, 182, 217, 369
 ῥίπτω 148, 149 n.149
 ἀπορρίπτω 151
 έωυτήν ῥίπτειν 148

 σείω 123
 κράτα σείω 155
 κεφαλὴν ὑποσείω 155
 κεφαλὴν σείω 155
 σιγάω 133, 134
 σιγή, ἡ 131, 133, 134, 379
 σιωπάω 133 n.118, 172, 370
 σκαρδαμύσσω 96, 98 n.50, 244
 σκέπη, ἡ 154
 σκῆνος, τό 382, 392
 σκίρτημα, τό 148
 σκληρός, -ά, -όν 90
 σκοτοδινέω 110 n.79, 291
 σκοτοδινίη, ἡ 199, 279, 291
 σκοτόδινος, 291
 σκοτόω 91, 123
 σκότωσις, ἡ 146, 291 n.34
 σκυθρωπός, -η, -όν 134, 362, 364
 σπλάγχχνον, τό 199
 σπασμός, ό 150 n.155
 σπασμώδης, -ες 290 n.31
 σπάω/σπάομαι 34, 77 n.12, 145

 σπουδή, ἡ 368
 στάσις, ἡ 38, 178
 στενάζω 101
 στολή, ἡ 259, 260
 στόμα, τό 119
 στόμα πικρόν 199
 στραγγουρή, ἡ 222
 συγγενής, -ές 63, 382
 συγκαλύπτω 154, 360
 συλλέγω 104
 συμπάθεια ἡ 321
 συνάγω 167, 167 n.191
 συνερίδω 103, 112
 συνέρεισις, ἡ 111
 σύνεσις ἡ, 104 n.67, 307, 393, 397, 411
 συνετός, -ή, -όν 51, 404 n.173, 415
 ἀσύνετος, -ή, -όν 51, 331
 συνήθεια, ἡ 255
 συνήθης, -ες 386
 μὴ συνήθης 112
 συνήμι 51, 101, 393
 συντείνω 146
 συσπάω 150
 σφοδρός, -ή, -όν, ἡ 55, 55 n.138, 58, 102 n.59
 σχέτλιος, -α, -ον 383
 σχῆμα, τό 164, 282, 391
 σῶμα, τό 22, 304, 392–393
 σωματικός, -ή, -όν 167 n.192
 σωφρονέω 50, 61 n.156, 386 n.130

 τάλαιπωρή, ἡ 233
 τάραγμα, τό 40 n.77, 107
 ταραγμός, ό 150, 150 n.155, 267
 ταρακτικός, -ή, -όν 131
 τάρασσω 40 n.77, 84, 237 n.144, 398, 402
 ταραχή 55 n.138, 135 n.124, 150 n.155
 τάραχος, ό 34, 303
 ταραχώδης, -ες 91
 τέτανος, ό 48
 τέχνη, ἡ 371, 373, 395 n.154
 τιλμός, ό 55, 177
 τίλλω, 153
 τιτθός, ό 104, 104 n.67
 τράχηλος, ό 35 n.60, 327
 τρέμω 114, 140 n.138, 145, 163, 224, 357
 τρηχύτης, ἡ 140
 τρίζω 279
 τρισμός, ό 111
 τριχολογέω 153
 τρόμος, ό 130, 162, 198, 329
 τρομώδης, -ες 141, 152
 τύμβος, ό 252
 τυφλός, -ή, -όν 285
 τυφλόω 285

τύφλωσις, ἡ 285, 287
 τύφομαι 216 n.95, 225
 τύφος, ὁ 48, 89 n.30, 215 n.95
 τυφώδης, ἐς 151

ύγιαίνω 18, 22, 34, 35, 61, 108, 112, 164, 216, 237
 n.144, 244, 319, 404

ύγιής, -ές 223
 ύδραγωγός, -όν 258 n.194
 ύλακτέω 9, 135 n.124
 ύπερβολή, ἡ 205
 ύπνηρός, -ά, -όν 179
 ύπνικός, -ή, -όν 179
 ύπνος, ὁ 178
 ένύπνιον, τό 180 n.28, 281, 302, 303 n.65
 ύπνος παραχώδης 182
 κατακορής ύπνος 182
 ύπνοτικός, -ή, -όν 179
 ύπνώω 179
 ύπνώδης, ἐς 179
 ύπνώσσω 112, 179
 ύποκαταφρονέω 50, 58
 ύποληρέω 50, 152
 ύπολυσσέω 58
 ύπόμαργος, -ον 58 n.149
 ύπομιμήσκω 217
 ύποπαρακρούω 51
 ύποπαραλήρέω 50
 ύπότραυλος, -ον 119, 138
 ύπότρηχς, -υ 140
 ύποφρονέω 58
 ύποχόνδριος, ον 152
 ύπτιος, -α, -ον 165, 227
 ύπτιον κείμε 165
 ύστέρα, ἡ / ύστέραι, αἱ 235
 ύφαιμος, ον 77, 92, 93 n.34

φαντασία, ἡ 137, 386 n.130
 φάντασμα, τό 294, 297 n.52, 299
 φανταστικόν, το 299
 φάρμακον, τό
 φάρμακον πόνων 221, 226, 373
 φάρυγξ, ἡ 119
 φάσμα, τό 307
 φθέγγομαι 237
 φθινώδης, -ες 241
 φθίσις, ἡ 241
 φθόγγος, ὁ 132
 φιλοινίη, ἡ 224 n.113
 φίλόλαγνος, ον 231
 φλέγμα, τό 37, 57, 94, 111, 136, 147
 φλέψ, ἡ 37, 38, 49 n.123, 77, 94, 104 n.67, 258
 n.195, 330, 413
 φλυηρέω 135
 φοβέομαι 353

φοβερός, -ά, -όν 353
 φόβος, ὁ 105, 293, 353
 φόβος τῆς πάθης 356
 φοιτέω 158
 φονάω 250, 271 n.220
 φόνος, ὁ 80 n.17, 268, 269
 φονώδης, ὁ 48
 φρενιτικός, -ή, -όν 77 n.11, 141, 142, 154 n.163,
 183, 219
 φρενιτικός τρόπος 59
 φρενίτις ἡ 46, 178 n.14, 195 n.53
 φρενήρης, -ες 270
 φρενόω 393
 φρήν, ἡ / φρένες, αἱ 46–47, 80, 393, 400, 421
 φρένες διάστροφοί 86
 παραλλάξεις φρενών 47, 400
 φρενών τάραγμα 107
 φρίκη, ἡ 162, 209
 φρίκος, τό 162
 φρικώδης, -ες 162
 φρίξ, ἡ 162
 φρίσσω 162
 φρονέω 50, 280, 342, 391, 393, 394
 φρόνημα, τό 393, 413
 φρόνησις, ἡ 41, 393
 φρόνιμος, -ον 50
 φροντίζω 299 n.59
 φροντίς, ἡ 48, 195 n.53, 211 n.90, 358
 φυσικός, -ή, -όν 345, 346
 φύσις, ἡ 96 n.44, 98 n.50, 127, 133 n.118, 140,
 140 n.138, 224, 225 n.115, 283 n.15, 341,
 387 n.133
 φωνή, ἡ 116, 131, 132
 όξυφωνή ἡ 142, 290 n.31
 βραδυτής φωνῆς, ἡ 142
 ίσχνόφωνος, -ον 137, 140
 φώς, τό 293

(τό στόμα) χάσχω 108
 χείλος, τό 119
 χεῖρ, ἡ 147
 δυσλόγιστος ... χεῖρ 268
 διαστάσιες χειρῶν 150
 παραπλήκτος χεῖρ 268
 χολή, ἡ 36, 37, 57, 136, 192, 198 n.60, 383, 392,
 401 n.165
 χολή μέλαινα 123, 362 n.66
 χολή χλωρή 196
 χολός 253
 χορεύω 155

ψαύομαι 279, 325, 380
 ψαῦσις, ἡ 127, 131, 323 n.114
 ψελλός, ἡ, -όν 124, 140
 ψηλαφάω 153

- ψηλαφώδης, -ες 151, 152
 ψυχή, ή 22, 125, 202, 224, 300, 304, 340, 358,
 393, 401–404, 421
 ἥθος τῆς ψυχῆς 225 n.117
 παθήματα τῆς ψυχῆς 116
 ψυχῆς περίπατος 162 n.180, 358, 358 n.56, 405
 ἀψυχίη 290, 328
 ἀψυχέω 328
 ἀποψυχία / -η, ή 328
 ὀλιγοψυχία / -η, ή 158, 210, 328
 λειποψυχία / -η, ή 299, 328
 λειποψυχώδης, -ες 328
 λειποψυχέω 328
 ψυχικός, -ή, -όν 167 n.192
 ψόφος, ό 215, 218–19 n.99
 ὠδή, ή 366
 ὠδίσ, ή 158

